

Name  
in  
Full

## CERTIFICATE OF DEATH

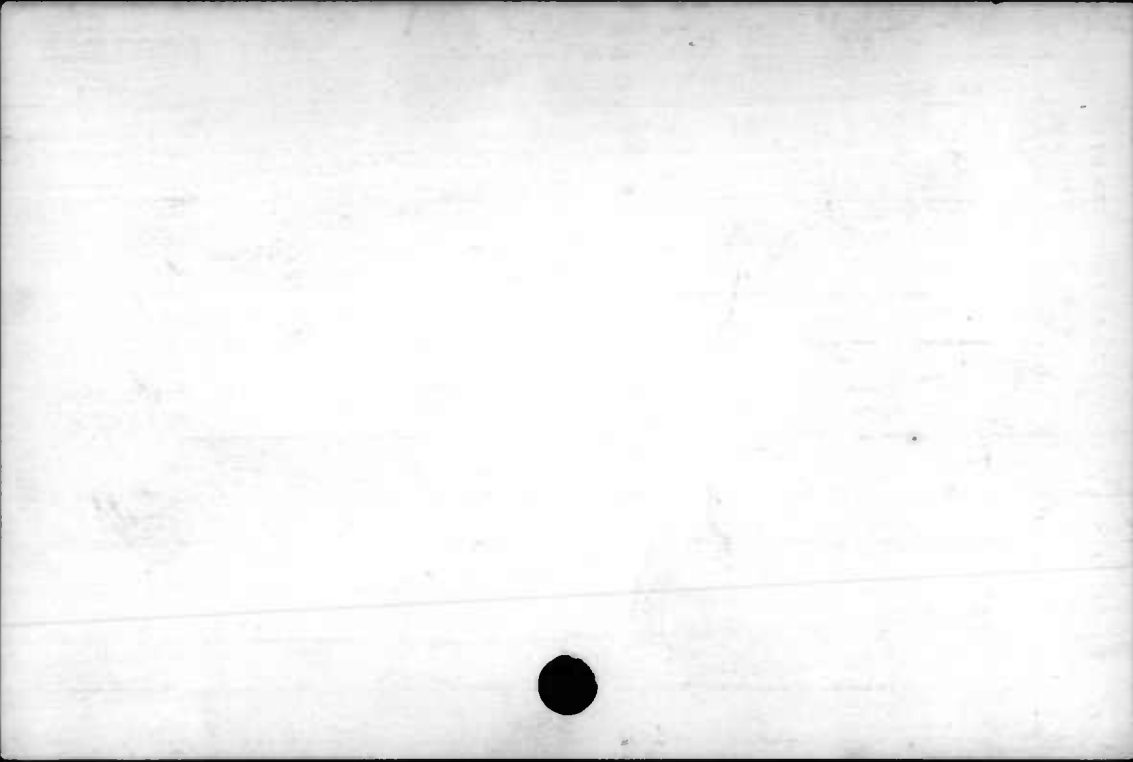
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jack W. Adams</i>		Town <i>Cumby</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumby</i>		Date of death Month <i>Sept</i> Day <i>18</i>		Age Years <i>38</i> Months <i>—</i> Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>unknown</i>			
Occupation <i>musician</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>unknown</i>				Father's Birthplace			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alcoholism</i>		How long <i>50</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Kennedy</i>	
<i>Rose Hill Cemetery</i>		Address <i>Act. Coroner</i>	
Accident or Suicide?			



Name  
in  
Full

Ada Alsip

## CERTIFICATE OF DEATH

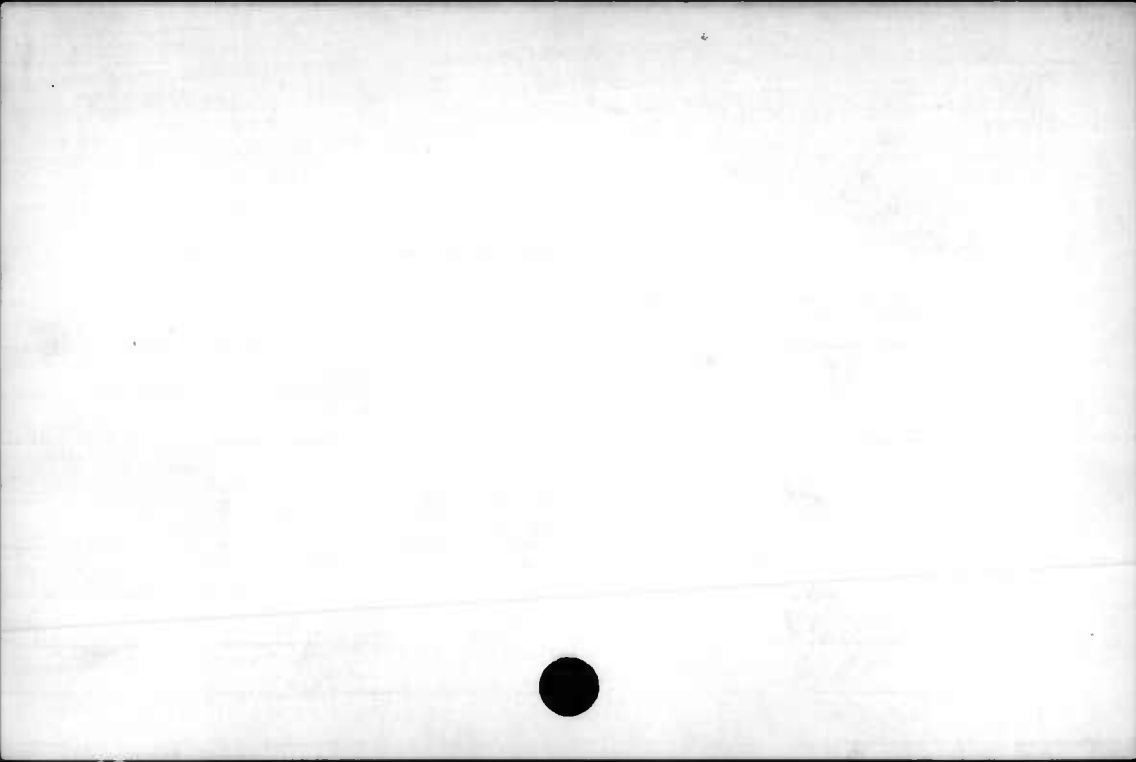
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Sept.</u> <small>Month</small>	<u>2</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cumtland</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>R. H. Alsip</u>		Father's Birthplace <u>Bedford</u>			
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>			
Name of person giving Information <u>R. H. Alsip</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>2 weeks</u>
Immediate <u>exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thomas W. Lown</u>
	Address <u>Berky</u>
Accident or Suicide? <u>—</u>	



Name  
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## CERTIFICATE OF DEATH

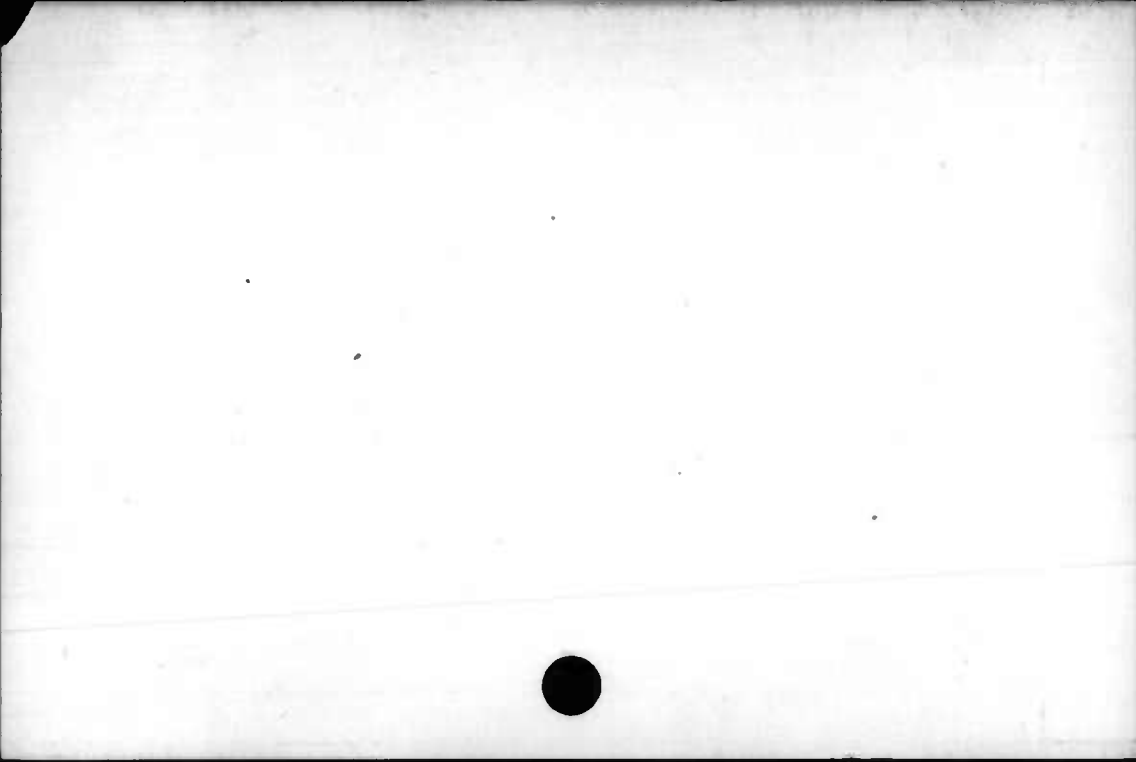
TO BE ANSWERED BY  
NEAREST KIN

MARYLAND

Died at Baltimore CountyDate of death 1905 Sept 17 Age 65 Months — Days —Sex Male Color or Race White Birth-place PaOccupation of Amm House Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name — Father's Birthplace —Mother's Maiden Name — Mother's Birthplace —Name of person giving Information — How related to deceased —

## CAUSES OF DEATH

Primary Old age ☒ How long —Immediate Exhaustion ☐ How long —Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. H. TriggAddress BaltimoreAccident or Suicide? —



Name  
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## CERTIFICATE OF DEATH

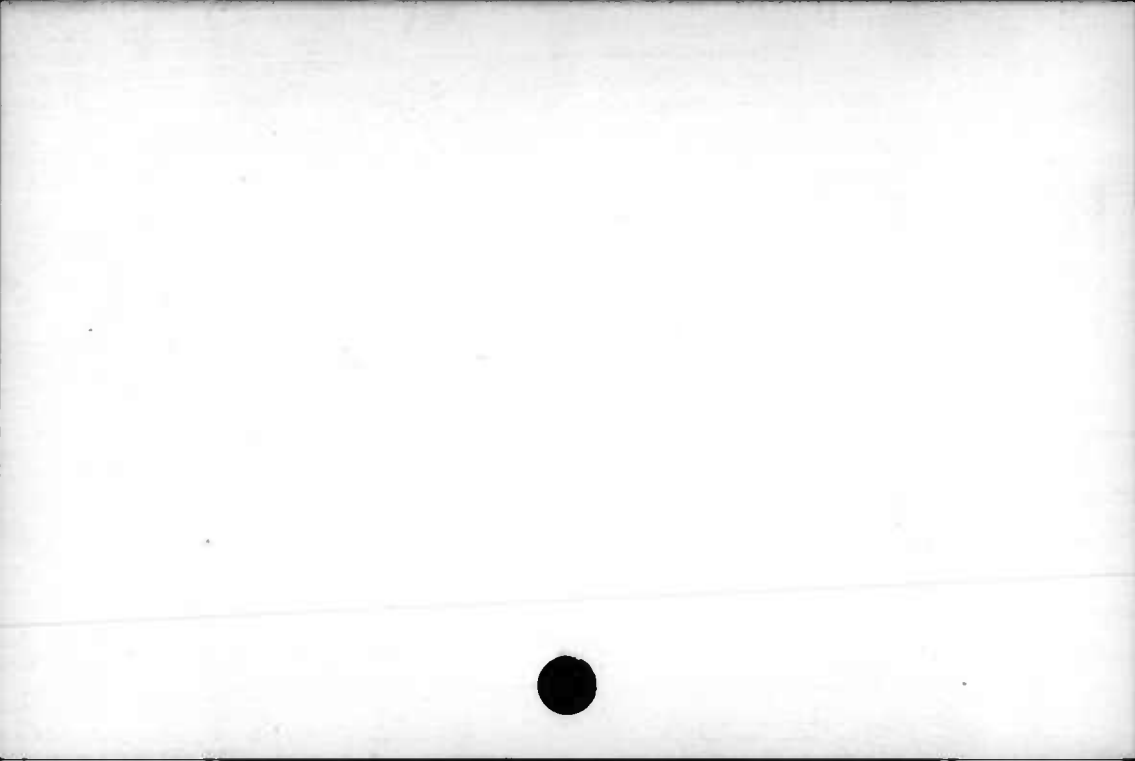
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumt</i> Town <i>Alleghany</i> County		9/11/1905		MARYLAND	
Date of death	1905	Month	Sept.	Day	23
Sex	Male	Color or Race	White	Age	59
Occupation			Where Residing if not at place of death	Months	Days
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>64</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Dr. Wm. F. Furrig</i>	
Address		<i>Cumberland Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Wm Barnard

Died at Cumberland <sup>Town</sup>

County

Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902 Sept2

Age

——2

Sex

MaleColor or  
RacewhiteBirth-  
placecity

Occupation

—Where Residing if not  
at place of deathMarried, Single  
or Widowed—Name of Wife or  
Husband—Father's  
NameAllen BarnardFather's  
BirthplaceMrMother's  
Maiden NameMary C. HummerbaughMother's  
BirthplaceMrName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Accidental Opium Poisoning

How long

—

Immediate

Paralysis Res. Center

How long

Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician

Address

Dr. Leo L. Lavin  
Cumberland Mr.

Accident or Suicide?



Name  
in  
Full

Felix Barreice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Cumt</i>		Town		County	
Date of death	190	Month	20	Day	Age
					70
Sex	<i>male</i>		Color or Race	<i>White</i>	
Occupation	<i>Boat Builder</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Mary</i>	
Father's Name	<i>---</i>		Father's Birthplace		
Mother's Maiden Name	<i>---</i>		Mother's Birthplace		
Name of person giving information	<i>P. Barreice</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Rhos Koon</i>
		Address	<i>Cumtland</i>
Accident or Suicide?	<i>ST Peter + Pauls.</i>		<i>MD</i>

Lee So.

Name  
in  
Full

Charles Rollin Beck

CERTIFICATE OF DEATH

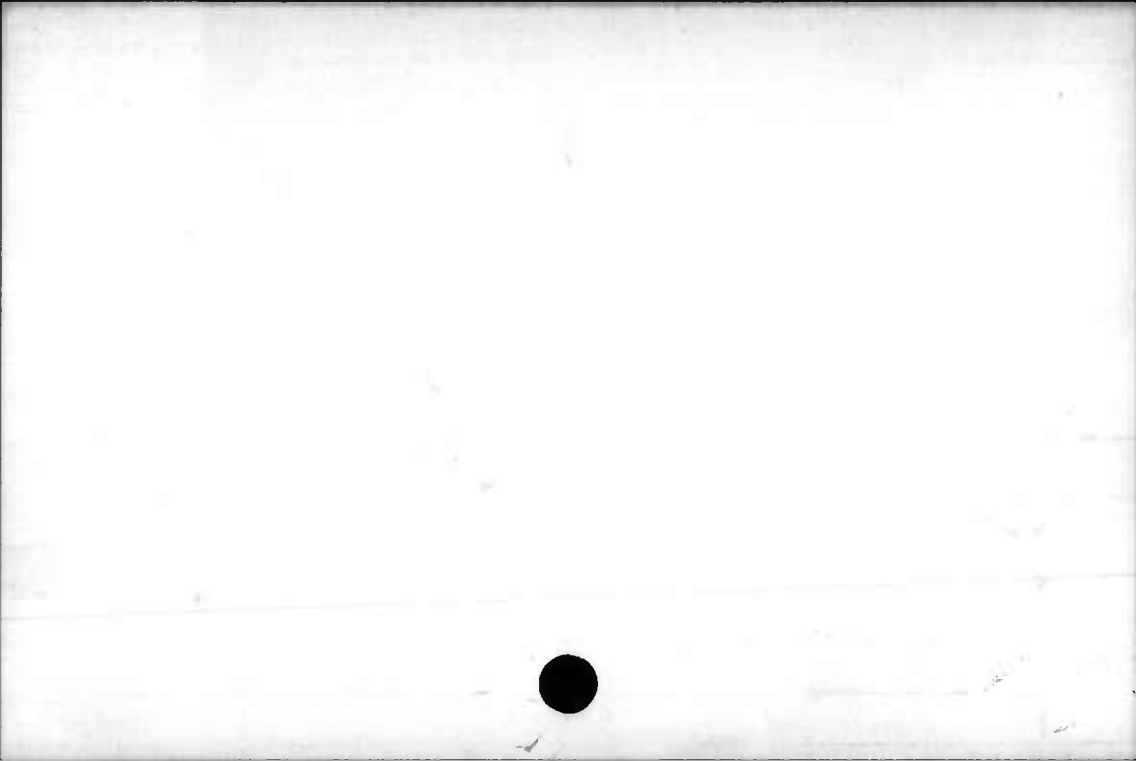
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Camden</i> Town		County <i>any</i>		MARYLAND	
Date of death	1905	Month	Sep	Day	29
Age		Years	2	Months	—
Sex	Male	Color or Race	White	Birth-place	Camden
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>May Beck</i>			Mother's Birthplace <i>Camden</i>		
Name of person giving Information <i>Arthur Beck</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. ...</i>
	Address <i>Thomas Room</i>
Accident or Suicide?	



Name  
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Full

Edward Blumme

## CERTIFICATE OF DEATH

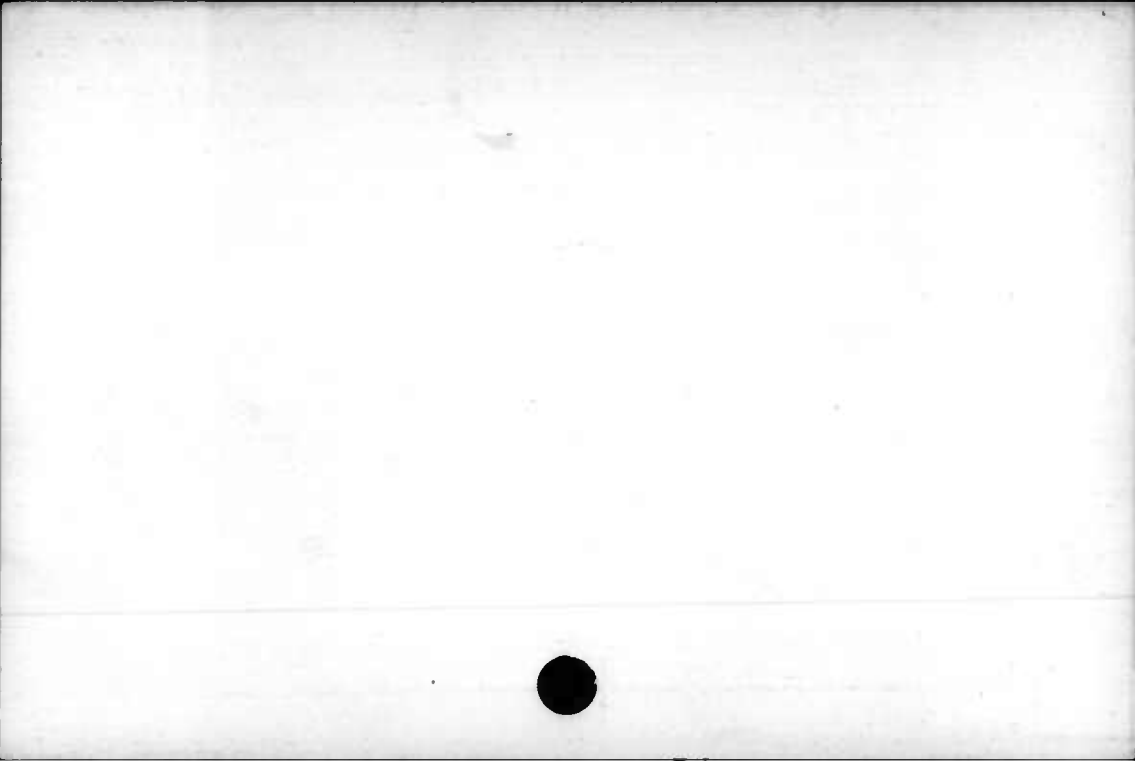
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>MD Savag</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		1905	Month <i>Sept</i>	Day <i>24</i>	Age <i>49</i>	Years	Months
Sex <i>Male</i>		Color or Race <i>W. White</i>		Birth-place <i>MD Savag Md</i>			
Occupation <i>R.R. man</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eddy Davis</i>					
Father's Name <i>Wm Edw Blumme</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>ingest of drugs</i>	How long	<i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. Alan G. Murray</i>	
.		Address <i>Md Savag Md</i>	
Accident or Suicide?			





Name in Full		Infant of Bertha Brant (2)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Crown</u> Town		<u>Allen</u> County		MARYLAND		
	Date of death <u>1905</u> <u>sep</u> Month		<u>27</u> Day	Age <u>—</u> Years	<u>—</u> Months	<u>—</u> Days	
	Sex <u>male</u>		Color or Race <u>white</u>	Birth-place <u>Crown</u>			
	Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>—</u>			Father's Birthplace <u>—</u>			
	Mother's Maiden Name <u>Bertha Brant</u>			Mother's Birthplace <u>MS</u>			
	Name of person giving Information <u>Same Brant</u>			How related to deceased <u>Father of girl</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Premature birth</u>			How long <u>—</u>			
	Immediate <u>(7 mos)</u>			How long <u>—</u>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Samuel Brant</u>			
				Address <u>—</u>			
	Accident or Suicide?						



Name  
in  
Full

Infant of Bertha Brant

④

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Crown

Town

County

Allegheny

MARYLAND

Date

of death

1905

Month

Apr

Day

27

Age

Years

—

Months

—

Days

—

Sex

male

Color or  
Race

white

Birth-  
place

Crown

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

G.

Father's  
BirthplaceMother's  
Maiden Name

Bertha Brant

Mother's  
Birthplace

ms

Name of person giving  
information

Samuel Brant

How related  
to deceased

father of girl

## CAUSES OF DEATH

Primary

Premature birth

How long

—

Immediate

(7 mos)

How long

—

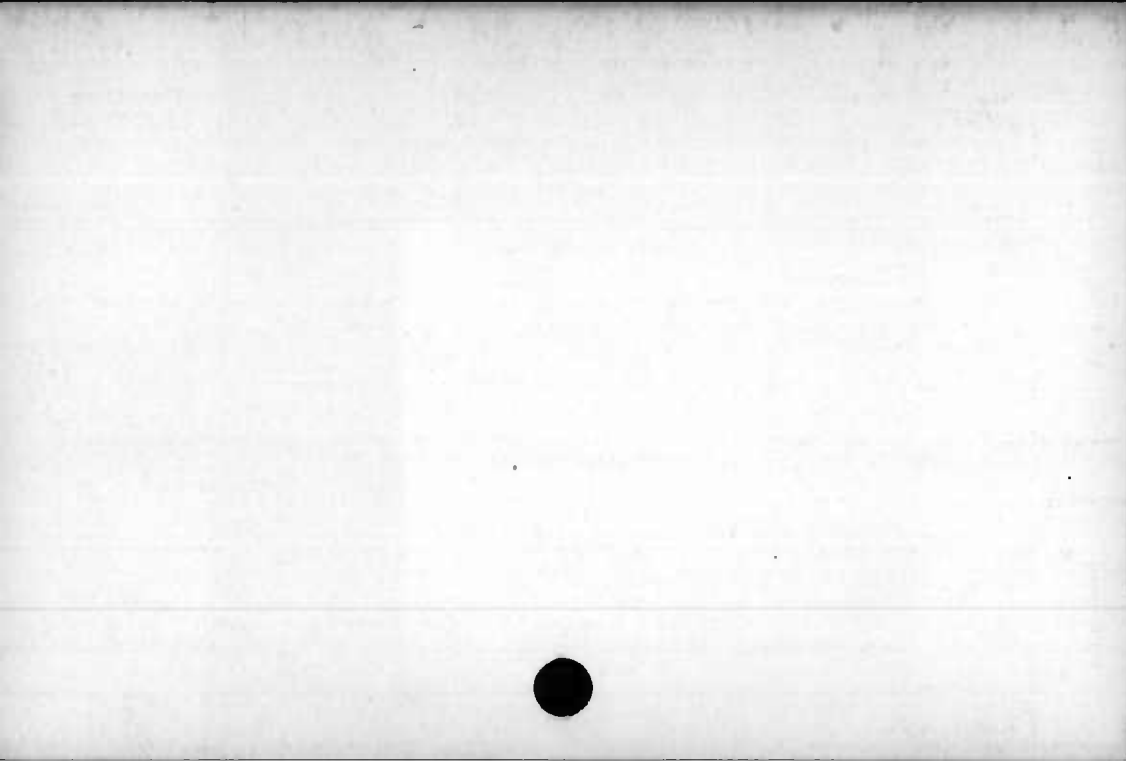
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Samuel Brant

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

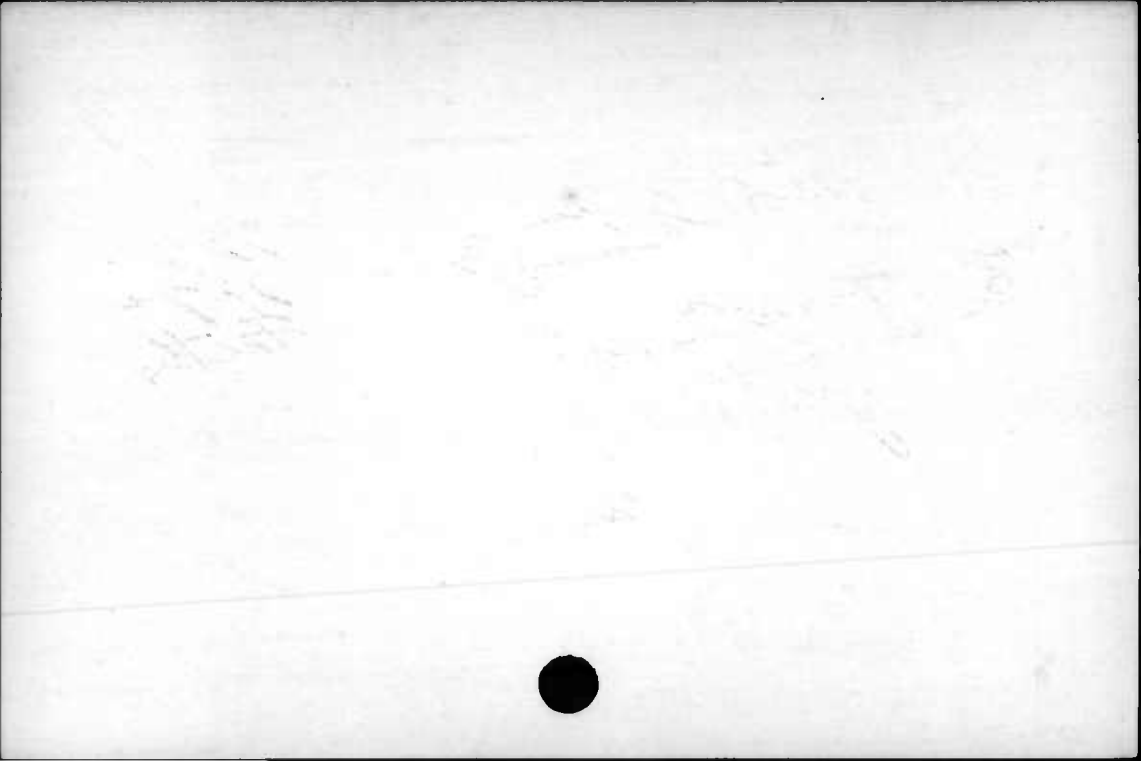
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtucket</u> <sup>Town</sup> <u>Weymouth</u> <sup>County</sup>		MARYLAND	
Date of death <u>1900</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>11</u> <sup>Age</sup> <u>38</u> <sup>Years</sup> <u>1</u> <sup>Months</sup> <u>1</u> <sup>Days</sup>	Sex <u>Male</u>	Color or Race <u>W</u>	Birth-place <u>MA</u>
Occupation <u>                    </u>	Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed <u>                    </u>	Name of Wife or Husband <u>                    </u>		
Father's Name <u>John Burnes, S.</u>	Father's Birthplace <u>W. Va.</u>		
Mother's Maiden Name <u>Margie Fleming</u>	Mother's Birthplace <u>W. Va.</u>		
Name of person giving information <u>John Burnes</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Preparation Birth</u>	How long <u>2 1/2 Mo</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. F. Turgot</u>
	Address <u>Cumtucket MA</u>
Accident or Suicide? <u>                    </u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

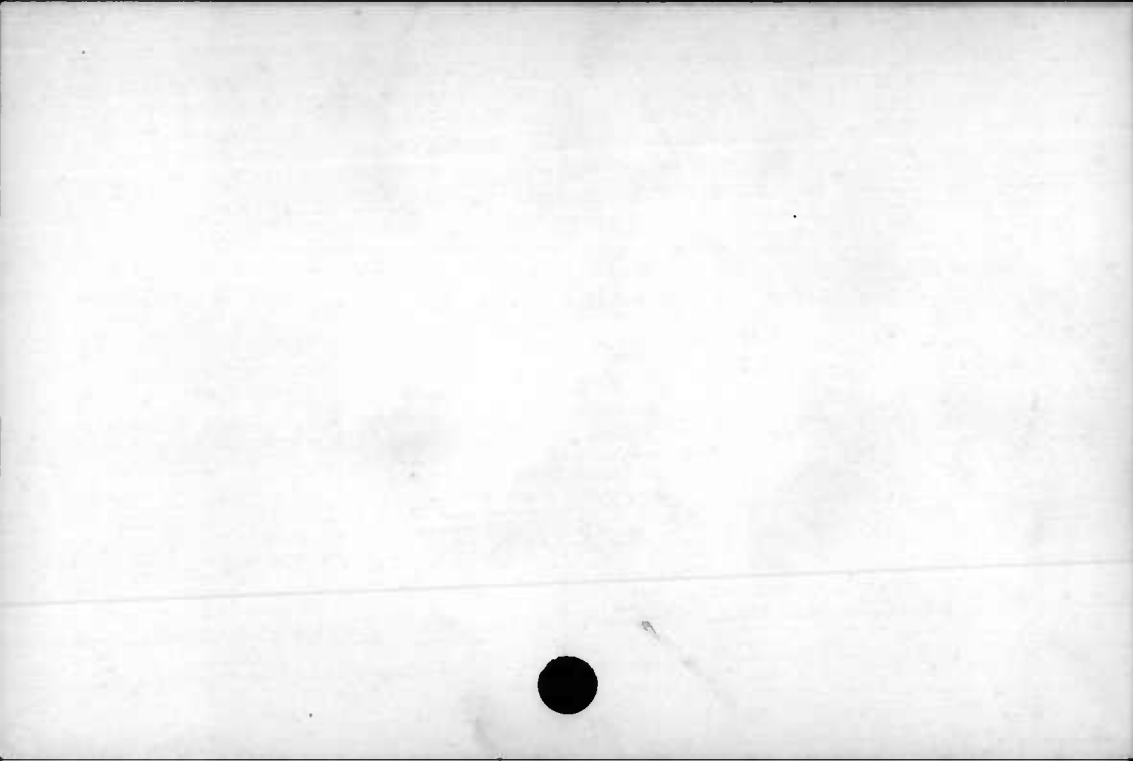
Name *Mary Burns* County *Allegheny* MARYLAND  
 Died at *Cambria*  
 Date of death *1905 Sep 11* Age *11* Years Months Days  
 Sex *Female* Color or Race *White* Birth-place *MD*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *John Burns* Father's Birthplace *W Va*  
 Mother's Maiden Name *Maggie Fleming* Mother's Birthplace *W Va*  
 Name of person giving information *John Burns* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Infection Birth* How long *2 1/2 Mo*  
 Immediate *Exhaustion* How long *1 day*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. F. Jurg*  
 Address *Cambria Md*  
 Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Bessie Byers**

Town **Loracoming** County **Allegheny** **MARYLAND**

Died at **Loracoming**

Date of death **1905 Sept 12** Age **3** Months **—** Days **—**

Sex **Female** Color or Race **White** Birth place **Loracoming**

Occupation **none** Where Residing if not at place of death **—**

☒ Married, Single or Widowed ☐ Name of Wife or Husband **—**

Father's Name **William Byers** Father's Birthplace **Loracoming**

Mother's Maiden Name **May Bessie** Mother's Birthplace **Loracoming**

Name of person giving information **David Bagge** How related to deceased **Grand father**

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Catarrhal fever** How long **Two weeks**

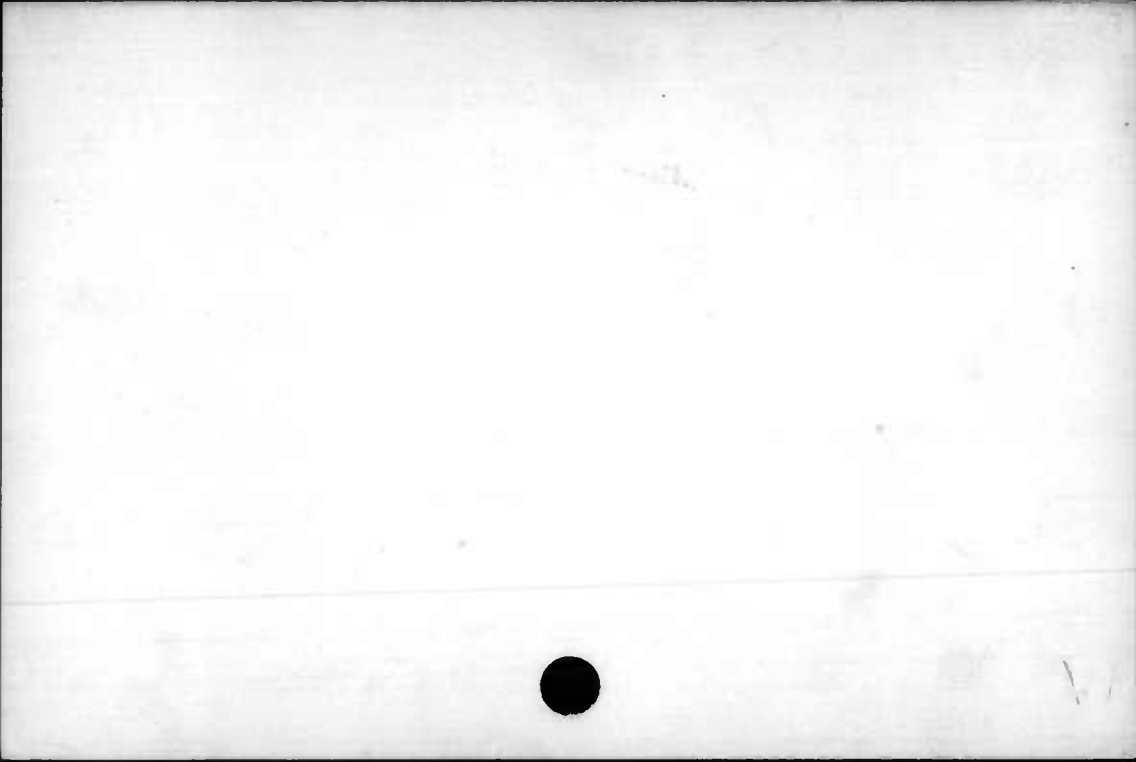
Immediate **Meningitis** How long **3 days**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **W. B. Skillings**

Address **Loracoming**

Accident or Suicide? **No**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allgany</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>3</i>	Age <i>25</i>	Years <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		
Occupation			Where Residing if not at place of death <i>Cumberland</i>		
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband		
Father's Name <i>Jacob Bagnut</i>			Father's Birthplace <i>Harlem, N.Y.</i>		
Mother's Maiden Name <i>Annie Miller</i>			Mother's Birthplace <i>Harlem, N.Y.</i>		
Name of person giving Information <i>Jacob Bagnut</i>			How related to deceased		

## CAUSES OF DEATH

Primary *Consumption*  
*& heart*

Immediate

How long *14 yrs.*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Robert L. Couther

## CERTIFICATE OF DEATH

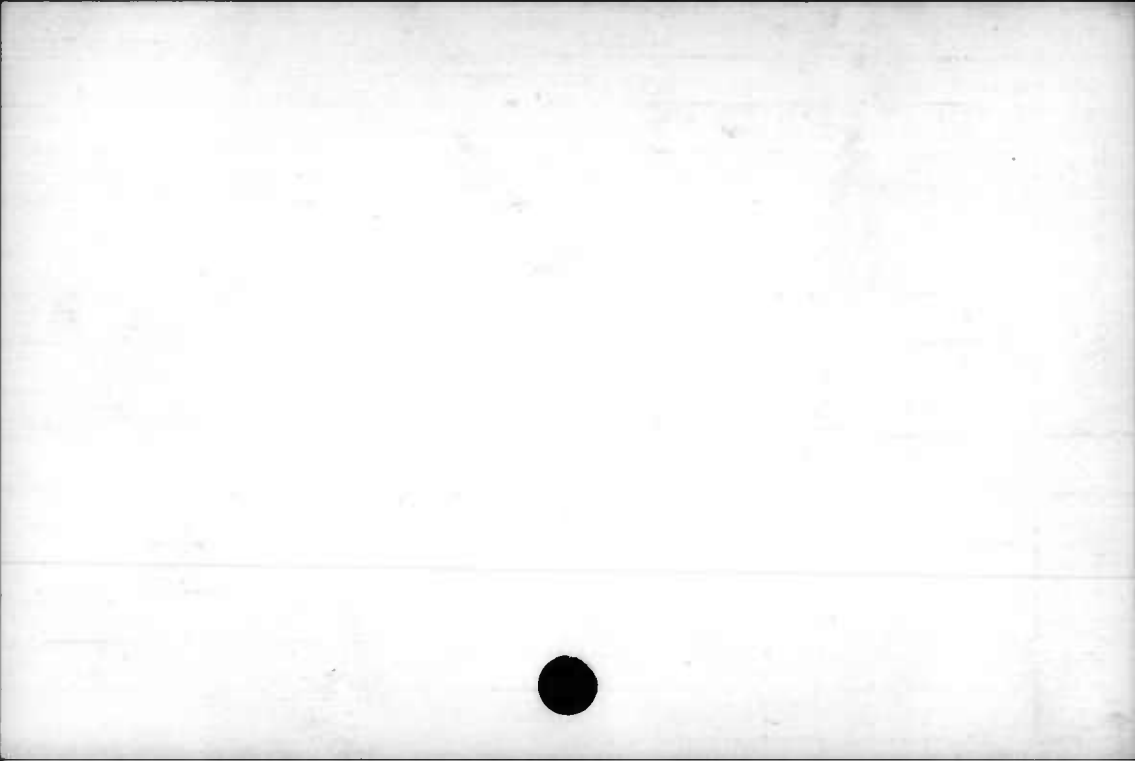
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bumby</i>		Town		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Sept</i>	Day	<i>26</i>	Age	<i>31</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bumby</i>			
Occupation <i>Watch man</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George S. Couther</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Margaret Reed</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>George L. Couther</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Thyroid left Illness from</i>	How long	<i>several months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. McMillin</i>	
Address			
Accident or Suicide? <i>—</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Fannie Lee Conkard

Town

County

MARYLAND

Died at

Date

of death

Month

Day

Years

Months

Days

1905 9 2

Age

66

Sex

Female

Color or  
Race

White

Birth  
place

Cumtob Md

Occupation

Where Residing if not  
at place of death

Married, ~~Single~~  
~~Widowed~~

Name of Wife or  
Husband

Percy L. Conkard

Father's  
Name

Wm A. Conkard

Father's  
Birthplace

Alexandria

Mother's  
Maiden Name

Fannie McLaughlin

Mother's  
Birthplace

Cumtob Md

Name of person giving  
Information

Percy L. Conkard

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Phthisis

How long

about 3 years

Immediate

General exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. N. Wiley  
Cumtob Md

Accident or Suicide?

1877



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i>		Town <i>Frostburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 1905		Month 9		Day 8		Age 67	
Sex Male		Color or Race White		Birth-place Hales		Months 6 - Days 3	
Occupation Retired		Where Residing if not at place of death Home					
Married, Single or Widowed M.		Name of Wife or Husband Sarah Davis					
Father's Name John Davis		Father's Birthplace Hales.					
Mother's Maiden Name Sarah Tennant.		Mother's Birthplace Frostburg					
Name of person giving information Aggie J. Davis, Daughter		How related to deceased Daughter					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis		How long 10 months	
Immediate Uraemic coma		How long 24 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Thomas H. Deaouley	
		Address Frostburg, Md.	
Accident or Suicide? No.			

7.7 G

Name  
in  
Full

*Louisa J Deal*

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Crundall*

Date

Month

Day

Years

Months

Days

of death *1905*

*Sept*

*29*

Age

*61*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Bedford Co Pa*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Widow*

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

*Sylvester Deal*

How related  
to deceased

*Son*

CAUSES OF DEATH

Primary

How long

Immediate

*Information of Burials -*

How long

*- 10 Yrs*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

Address

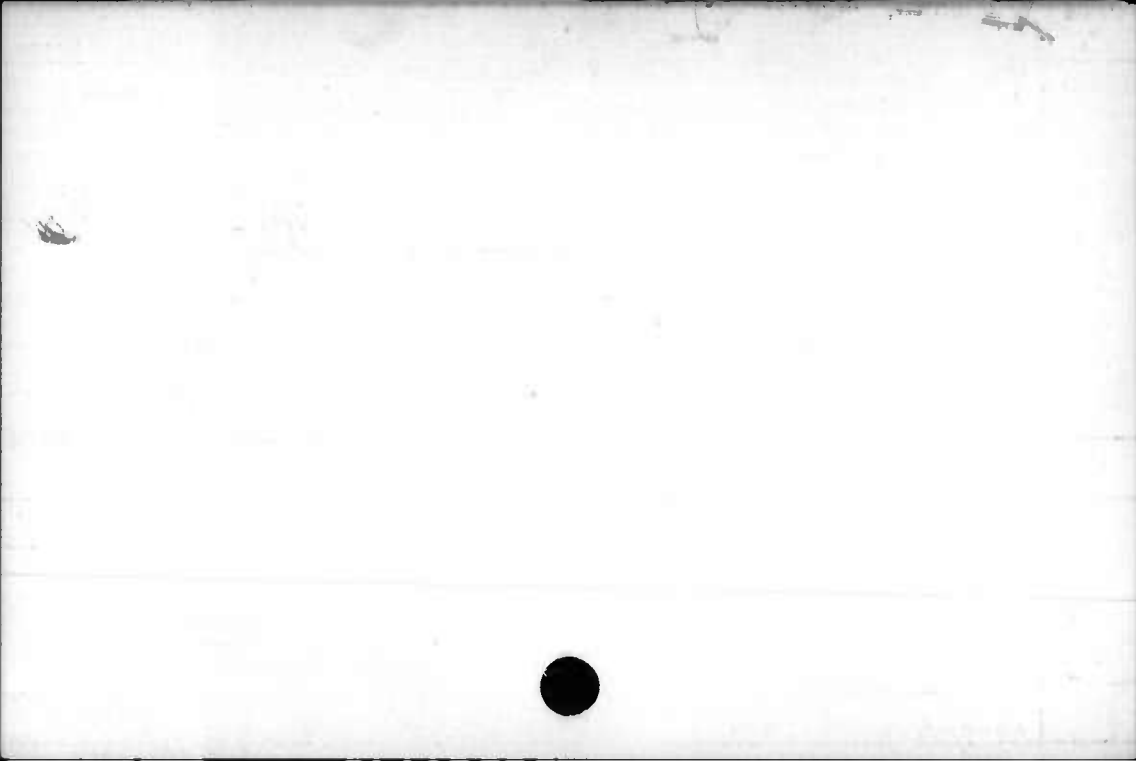
*Exhaustion*

*W. W. Wiley*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <b>Annice M. Dellinger</b>		Town <b>Cumberland</b>		County <b>Alleghany</b>		State <b>MARYLAND</b>	
Died at		Date of death <b>1905</b>		Month <b>Sept</b>		Day <b>21</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Age <b>13</b>		Years <b>13</b>	
Occupation <b>Sick nurse worker</b>		Where Residing if not at place of death <b>-</b>		Birth-place <b>Cumberland Md</b>		Months <b>-</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>-</b>		Father's Name <b>Oliver Dellinger</b>		Father's Birthplace <b>Cumbyland</b>	
Mother's Maiden Name <b>Mary</b>		Name of person giving information <b>Mrs Mary Dellinger</b>		Mother's Birthplace <b>Germany</b>		How related to deceased <b>Mother</b>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhoid fever - Pneumonia</b>		How long <b>2 weeks</b>	
Immediate <b>Intestinal hemorrhage</b>		How long <b>one day</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. J. J. [unclear] - [unclear]</b>	
Address <b>German L. [unclear]</b>		Address <b>Cumbyland Md</b>	
Accident or Suicide? <b>-</b>			

John Dr

Name  
In  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Natinal Pike* Town *Alle* CountyDate of death *1905* Month *Sept* Day *23* Age *64* Years Months *11* DaysSex *Male* Color or Race *White* Birth-place *Ind*Occupation *Farmer* Where Residing if not at place of death *-*Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased *Son-in-law*

## CAUSES OF DEATH

Primary *Heart Insufficiency* How long *years*Immediate *Heart Failure* How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?

Mrs. Shanks



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Throatsburg</i> <sup>Town</sup>		County <i>Allegheny</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sep</i>	Day <i>27</i>	Age <i>77</i>	Months <i>1</i> Days <i>1</i>
Sex <i>F</i>	Color or Race <i>white</i>		Birth-place <i>Scotland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
<del>Married, Single</del> or Widowed	Name or Wife or Husband <i>John C. Dick</i>				
Father's Name <i>John Connor</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Bessie Beverage</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information	How related to deceased <i>79</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia, Cardiac disease</i>	How long <i>Several months</i>
Immediate <i>Heart Failure</i>	How long <i>72 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Griffith</i>
	Address <i>Throatsburg Ind</i>
Accident or Suicide?	

Is m

Esther

Clara

Name  
in  
Full

Bennett Gardens Duckworth

## CERTIFICATE OF DEATH

MARYLAND

Died at Barton Town

County Allegany

Date of death 1905 Sept

Day 22

Age Years

Months 3

Days 17

Sex Male

Color or Race

white

Birth-place

Barton Md

Married, Single or Widowed

L

Occupation

✓

Name of Wife or Husband

✓

Father's Name

Charles Duckworth

Father's Birthplace

Alleg. Co

Mother's Maiden Name

Gussie Bennett

Mother's Birthplace

Pa

Name of person giving information

Mrs. Duckworth

How related to deceased

Mother

## CAUSES OF DEATH

Primary

Inanition

How long

3 months

Immediate

L

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

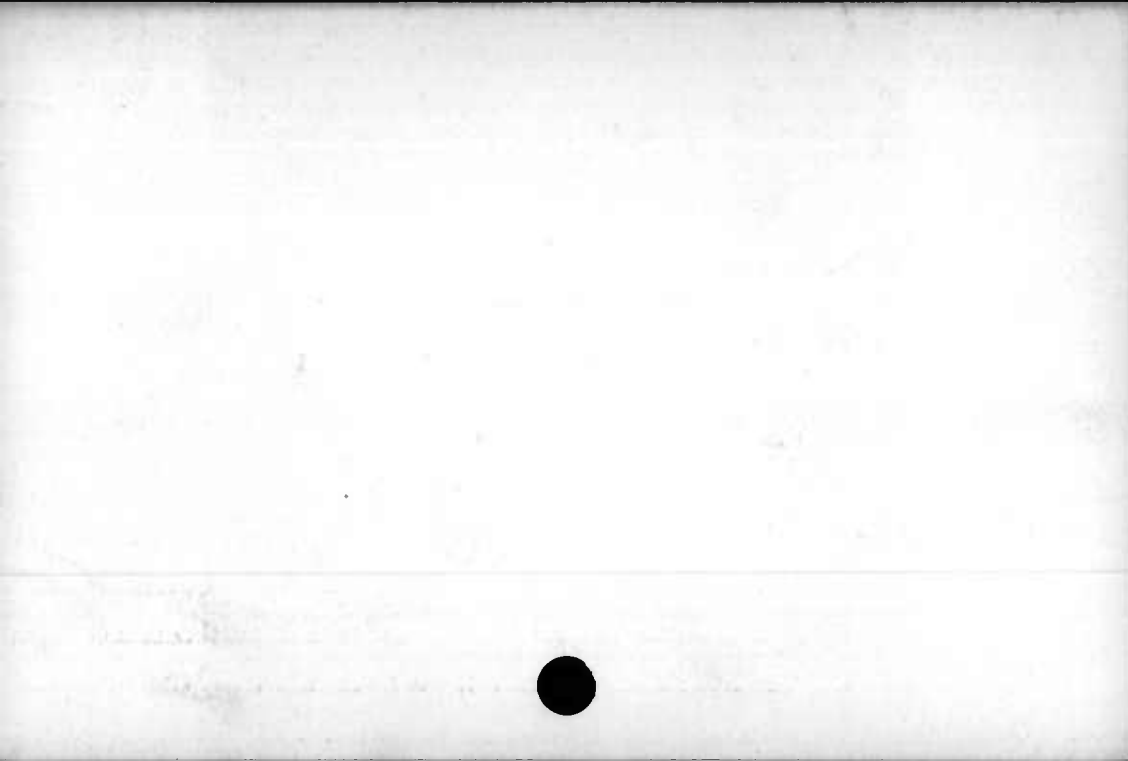
J. A. Boncher

Address

Barton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary M Everly

## CERTIFICATE OF DEATH

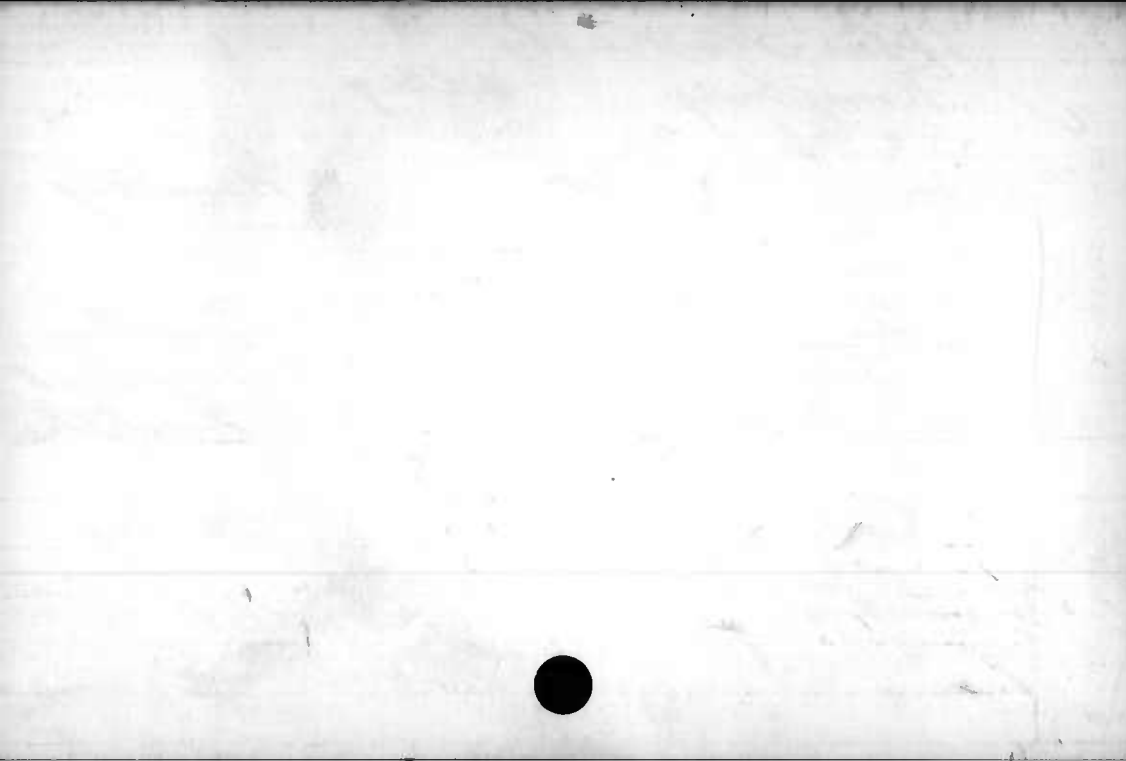
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept.</i>	Day <i>28</i>	Age <i>—</i> Years	Months <i>—</i> Days <i>5-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cumberland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Geo. R. Everly</i>			Father's Birthplace <i>City</i>		
Mother's Maiden Name <i>Laura Westbrook</i>			Mother's Birthplace <i>City</i>		
Name of person giving Information <i>Father Geo. R. Everly</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Imperforate Anus</i>	How long <i>50</i>
Immediate <i>Anaesthesia</i>	How long <i>Anginal</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. L. Lankin</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>—</i>	<i>Mrs.</i>



Name  
in  
Full.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Farryady*

Died at *Frostburg* *alleg* <sup>Town</sup> <sup>County</sup>

State *MARYLAND*

Date of death *1903* <sup>Month</sup> *Dec* <sup>Day</sup> *20* Age *6* <sup>Months</sup> *weeks* <sup>Days</sup>

Sex *M* Color or Race *W* Birth-place *Frostburg*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name or Wife or Husband *—*

Father's Name *Thos Farryady* Father's Birthplace *Frostburg*

Mother's Maiden Name *Lula Beaman* Mother's Birthplace *Medford*

Name of person giving information *John Farryady* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Colic* *(21)* How long *One day*

Immediate *Convulsions* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Griffith*

Address *Frostburg*

Accident or Suicide? *—*

to Mr

Allegany Circulating




Name  
in  
Full

Richard Fleet

9/1/12

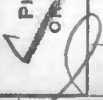
CERTIFICATE OF DEATH

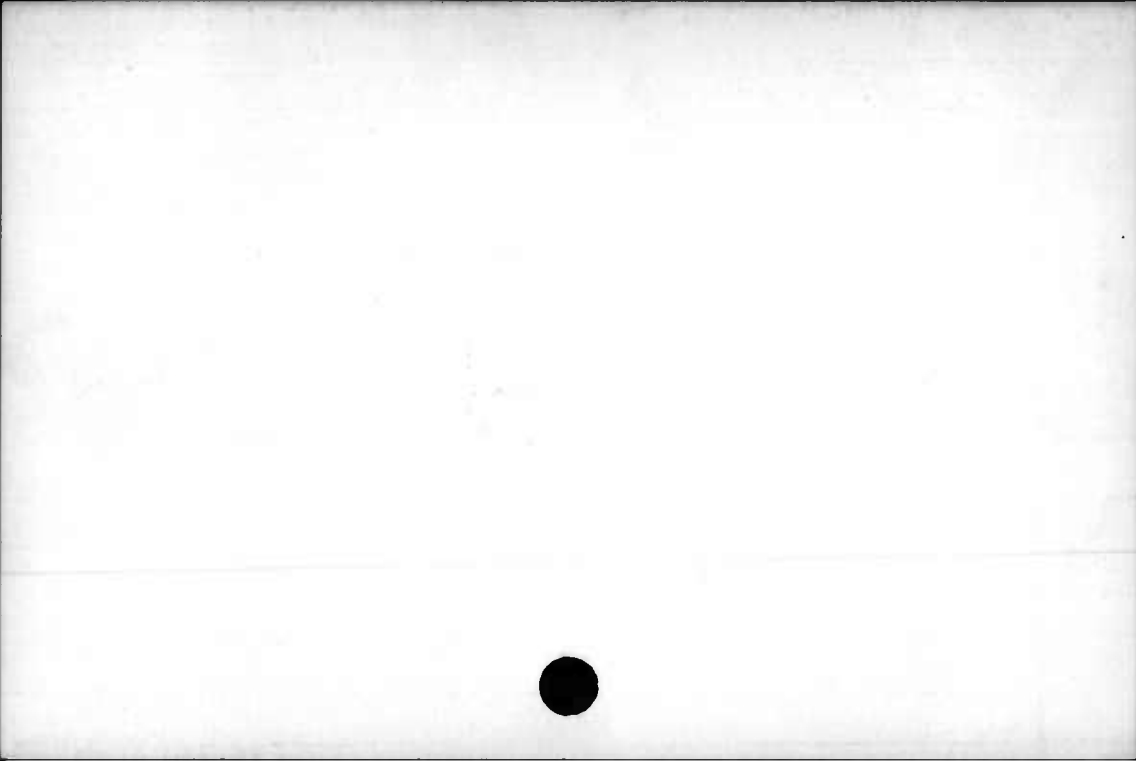
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Sept.</u> <small>Day</small> <u>6</u> <small>Years</small> <u>35</u> <small>Months</small> <u>    </u> <small>Days</small> <u>    </u>		Age <u>35</u>			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Pa.</u>	
Occupation <u>tin worker</u>		Where Residing if not at place of death <u>Sharon Pa.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>    </u>			
Father's Name <u>    </u>				Father's Birthplace <u>    </u>	
Mother's Maiden Name <u>    </u>				Mother's Birthplace <u>    </u>	
Name of person giving Information <u>    </u>		How related to deceased <u>    </u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

	Primary	<u>Decomposition of abdominal viscera; full from internal injuries</u>	How long <u>freight train</u>
	Immediate	<u>Exhaustion</u>	How long <u>    </u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr C H White</u>
	Address <u>Cumberland, Maryland</u>		
Accident or Suicide? <u>Accident</u>		<u>    </u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

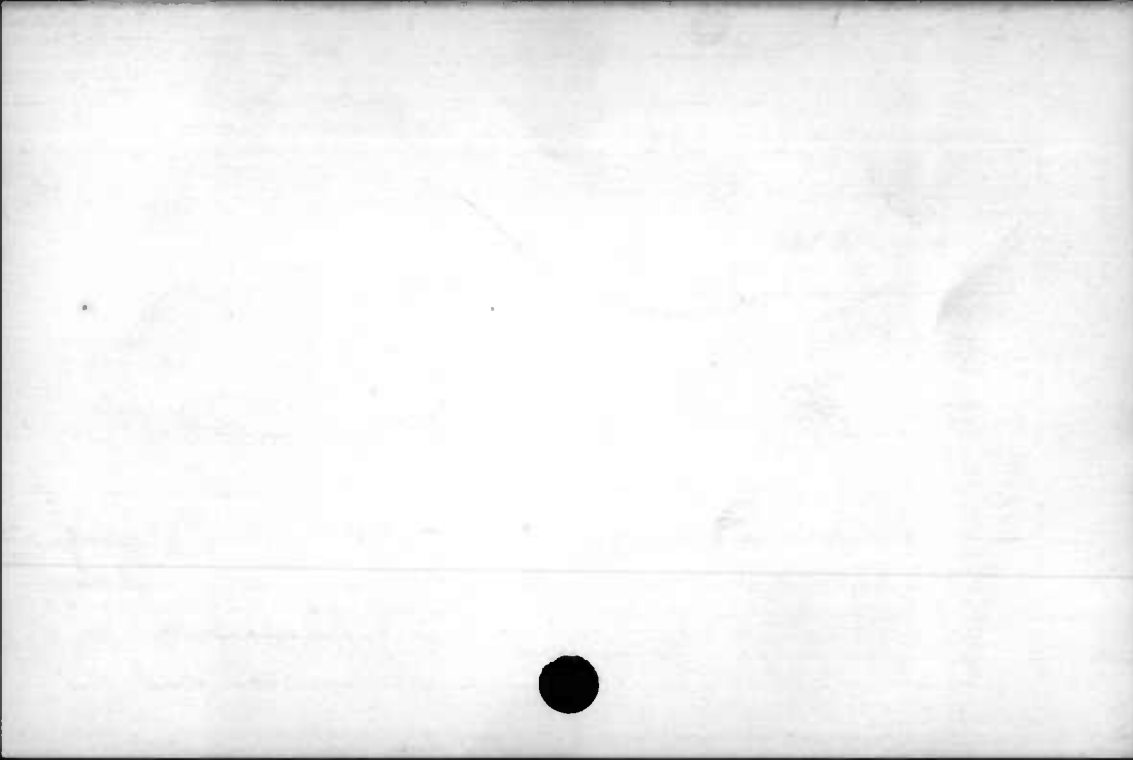
MARYLAND

Died at <i>Westminster</i> Town <i>Adelphi</i> County <i>Calverton</i>			
Date of death <i>Sept 29</i> 190 <i>5</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>13</i> Years <i>13</i> Months <i>13</i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Westminster</i>	
Occupation <i></i>	Where Residing if not at place of death <i>Westminster</i>		
Married, Single or Widowed <i></i>	Name of Wife or Husband <i>Dr. Foley</i>		
Father's Name <i>William Foley</i>	Father's Birthplace <i>Westminster</i>		
Mother's Maiden Name <i>Ella</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mother</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>8 months</i>
Immediate <i>Cholera Infantum</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Parson</i>
	Address <i>Piedmont W. Va.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Mary Margaret Fortney

## CERTIFICATE OF DEATH

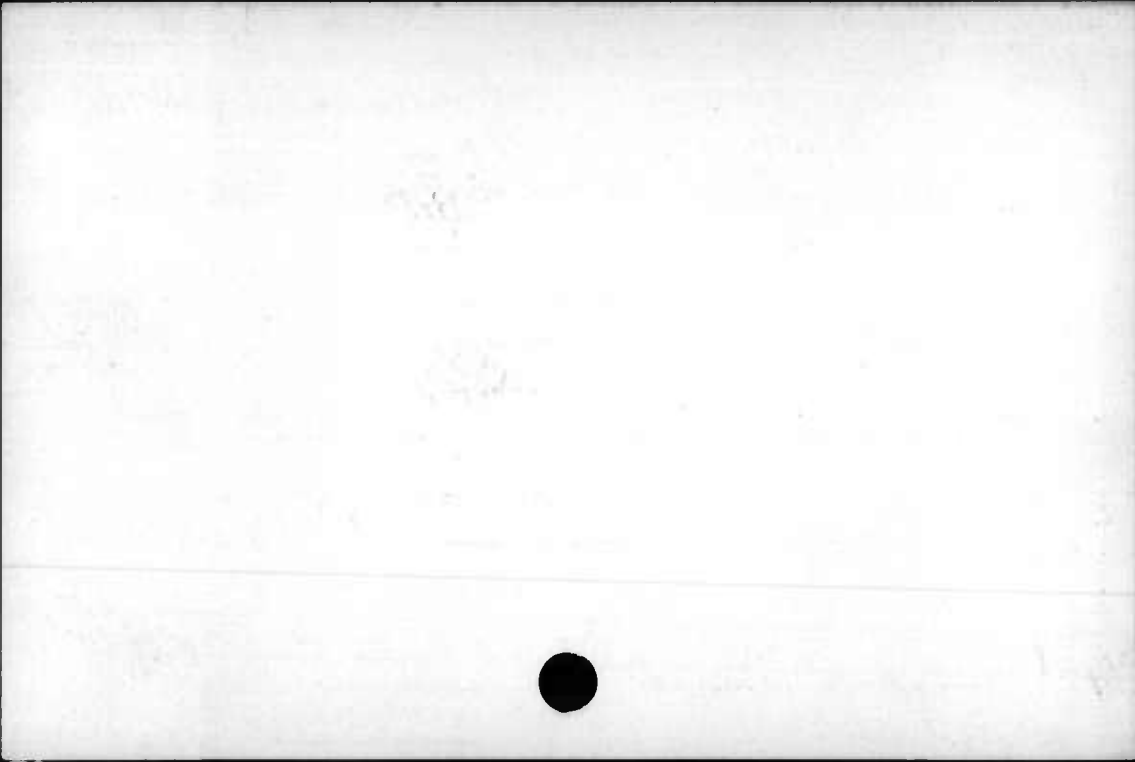
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND						
Date of death	1905	Month	Sept	Day	12	Age	20	Years	Months	Days
Sex	Female		Color or Race	White-Caucasian		Birth-place	Harpers Ferry, W. Va.			
Occupation	House wife		Where Residing if not at place of death							
Married, Single or Widowed	Married		Name of Wife or Husband <u>Wm Loran Fortney</u>							
Father's Name	<u>John Wm Eades</u>					Father's Birthplace				
Mother's Maiden Name						Mother's Birthplace				
Name of person giving information	<u>Mrs Eades</u>					How related to deceased <u>Mother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>Six mo's</u>
Immediate	<u>Tubercular Peritonitis &amp; Intestinal Obstruction</u>	How long	<u>Six days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>C. L. Owens M.D.</u>
		Address	<u>Cumberland</u> <u>Allegheny Co Ind</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Annual Theodore Getson

Died at <sup>Town</sup> Cash Valley<sup>County</sup> Alle

MARYLAND

Date of death 1905 Sept

Day 10

Age 15

Months

Days

Sex Male

Color or Race

White

Birth-place

Md

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Henry Getson

Father's Birthplace

Germany

Mother's Maiden Name

Annie Petenbrink

Mother's Birthplace

Germany

Name of person giving Information

Henry Getson

How related to deceased

Father

## CAUSES OF DEATH

Primary

Erysipelas

How long

14 days

Immediate

Expansion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

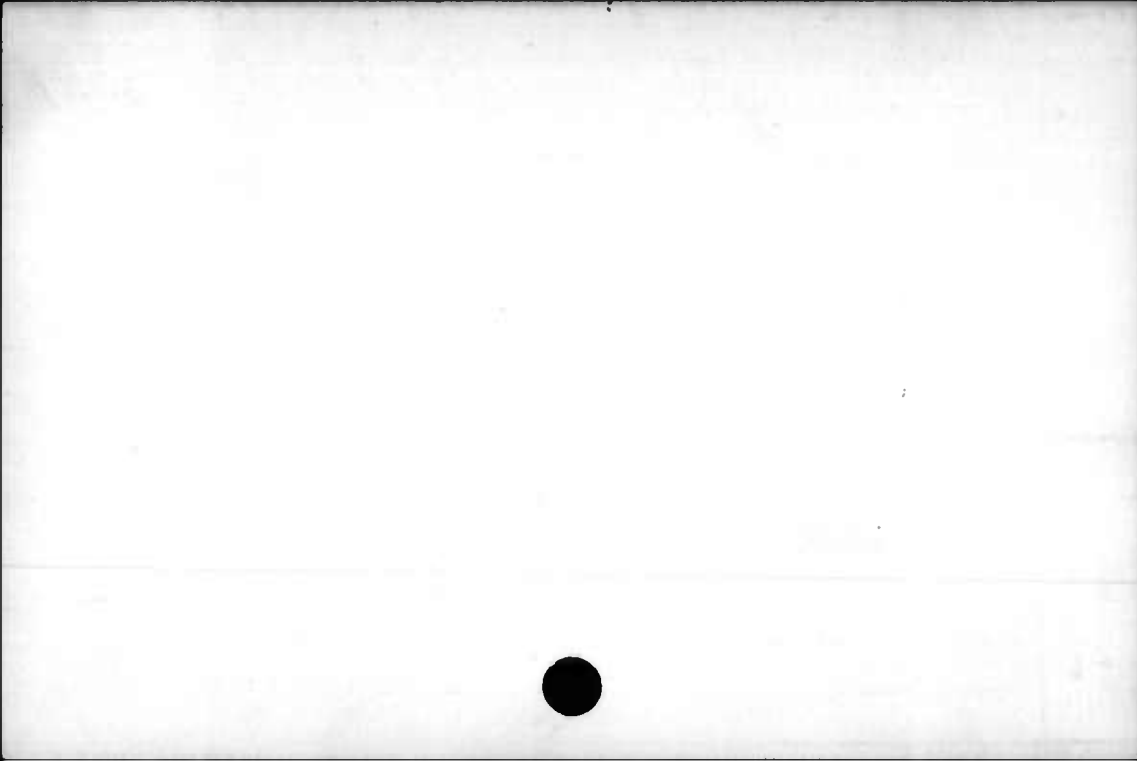
Signature of Physician

Dr W W Wiley

Address

Cumberland Md

Accident or Suicide?





Name  
in  
Full

Clarence Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Midland</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>5</u>	Month <u>Sept</u>	Day <u>18</u>	Age Years <u>7</u>	Months <u>7</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Midland</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>_____</u>		
Name of Wife or Husband <u>_____</u>					
Father's Name <u>Fred Green</u>			Father's Birthplace <u>Elk Garden, W. Va.</u>		
Mother's Maiden Name <u>Maud Carr</u>			Mother's Birthplace <u>Piedmont, W. Va.</u>		
Name of person giving Information <u>Fred Green</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Gastro-Enteritis</u>	How long	<u>2 weeks</u>
Immediate	<u>Acute Meningitis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. P. O'Neil</u>	
		Address <u>Midland, Md.</u>	
<u>Accident or Suicide?</u>			

Goan

Name  
in  
Full

Ollie Hare

CERTIFICATE OF DEATH

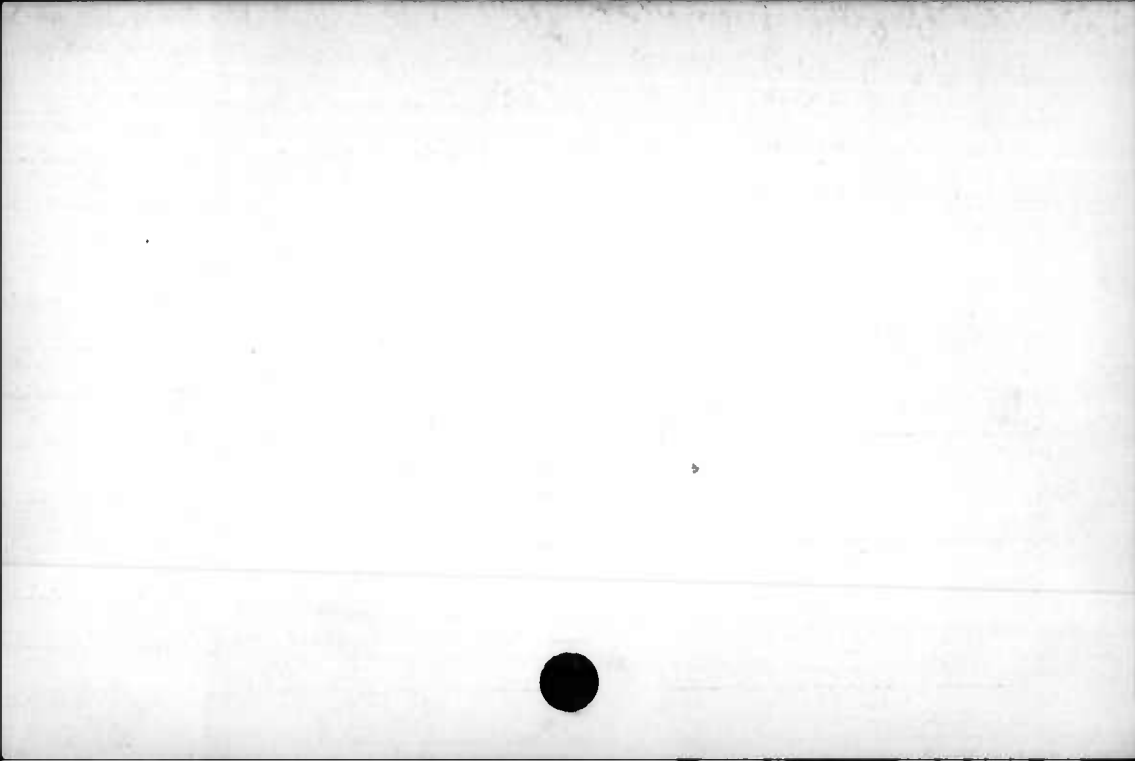
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
S Cumberland		Allegany					
Date of death	1905	Month	Sept	Day	20	Age	1
						Months	6
Sex	Female		Color or Race	white		Birth-place	Cumberland Ind.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Thos R. Hare				Father's Birthplace	
						W. Va.	
Mother's Maiden Name		Mary Jane Dyche				Mother's Birthplace	
						W. Va.	
Name of person giving information						How related to deceased	

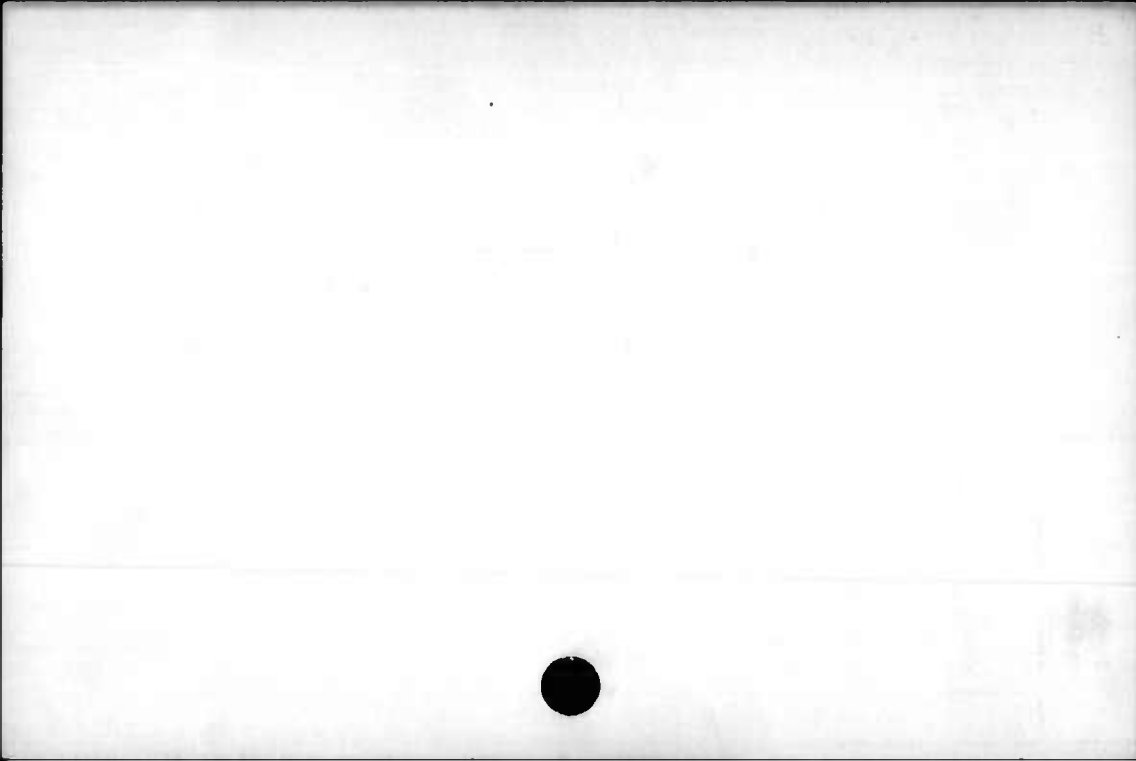
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Indigestion + Cholera Infantum		How long	2 days
Immediate	Exhaustion		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			E. L. Owens M.D.	
			Address	
			Cumberland Ind.	
Accident or Suicide?				



Name in Full		Blara M. Hanser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cumtola</u> <small>Town</small>		County <u>Allegheny</u>		MARYLAND	
		Date of death <u>190</u>	Month <u>Sept.</u>	Day <u>14</u>	Age <u>12</u> <small>years</small>	Months <u>—</u>	Days <u>—</u>
		Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Green Spring</u> <small>MD</small>		
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
PHYSICIAN OR CORONER		Father's Name <u>Thimothy Hanser</u>			Father's Birthplace <u>W. Va</u>		
		Mother's Maiden Name <u>Emma Sharmach</u>			Mother's Birthplace <u>W. Va</u>		
		Name of person giving Information <u>Thimothy Hanser</u>			How related to deceased <u>Father</u>		
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Diphtheria</u>			How long <u>9</u>		
		Immediate			How long		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>Dr. F. L. Bardwell</u>		
					Address <u>Cumberland</u>		
		Accident or Suicide? <u>—</u>			<u>9/14/10</u>		



Name

in  
Full

James Holmes

9/1/10

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumby</u> Town		County <u>Accomack</u>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1905	9	1	48		
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Frederick</u>		
Occupation			Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>			Name of Wife or Husband <u>Katherine Tracey</u>		
Father's Name <u>James</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Katherine Lawless</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>—</u>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Accident</u>	How long
Immediate	<u>Accident</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Manfred Crony</u>
<u>St. Patrick's</u>		Address <u>Cumby</u>
Accident or Suicide? <u>(ver)</u>		<u>Crony</u>

"Was killed by cars on crossing of the  
B & O R.R. Co. in South Cumberland Md."

J. B. Humbird.  
acting coroner



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Christopher C Jacobs</b>		Town <b>Frostburg</b>		County <b>Alleghany</b>		MARYLAND	
Died at		Date of death <b>1905</b>		Month <b>9</b>		Day <b>12</b>	
Age <b>54</b>		Years <b>10</b>		Months		Days	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>W. Va</b>			
Occupation <b>Physician</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Fannie J Jacobs</b>					
Father's Name <b>Shoother Jacobs</b>		Father's Birthplace <b>W. Va</b>					
Mother's Maiden Name <b>Letha Farrell</b>		Mother's Birthplace <b>W. Va</b>					
Name of person giving information <b>Grace J. Graham</b>		How related to deceased <b>daughter</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Coronary degeneration</b>	How long	<b>21</b>
Immediate	<b>Dr. Sykes - &amp; died of heart</b>	How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>L. Griffiths</b>	
		Address <b>Frostburg, Md.</b>	
Accident or Suicide?			

G. T. M.  
Alley

Name  
in  
Full

## CERTIFICATE OF DEATH

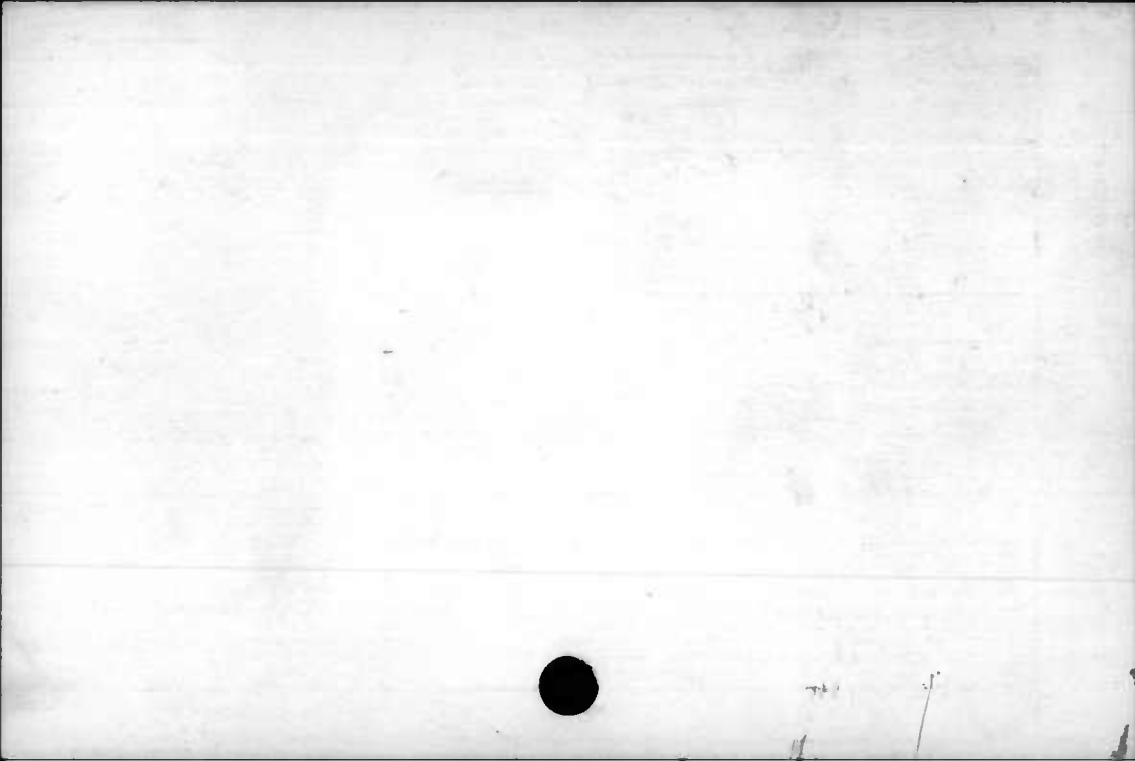
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *William Louis Keiffer*  
Town *Brown* County *Alle*Died at *Brown*  
Date of death *1906* Month *Sept* Day *22* Age *6* Years Months *4* DaysSex *Male* Color or Race *White* Birth-place *Md*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_Father's Name *John Hopcraft* Father's Birthplace *Md*Mother's Maiden Name *Katherine Keiffer* Mother's Birthplace *Md*Name of person giving Information *Katherine Keiffer* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Pneumonia* How long *3*Immediate *Exhaustion* How long \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. Thos. Koon*Address *Chamberland Steer*Accident or Suicide? *St. Peter & Pauls* *Md.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jas a. M<sup>c</sup>. Cawley  
near Little Orleans Alle County

MARYLAND

Date of death 1905 Sep 20 Age 45 Months Days

Sex Male Color or Race White Birth-place Va

Occupation Bridge Builder Where Residing if not at place of death Harrison Va

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Wm Jackson How related to deceased

## CAUSES OF DEATH

Primary accidental death How long

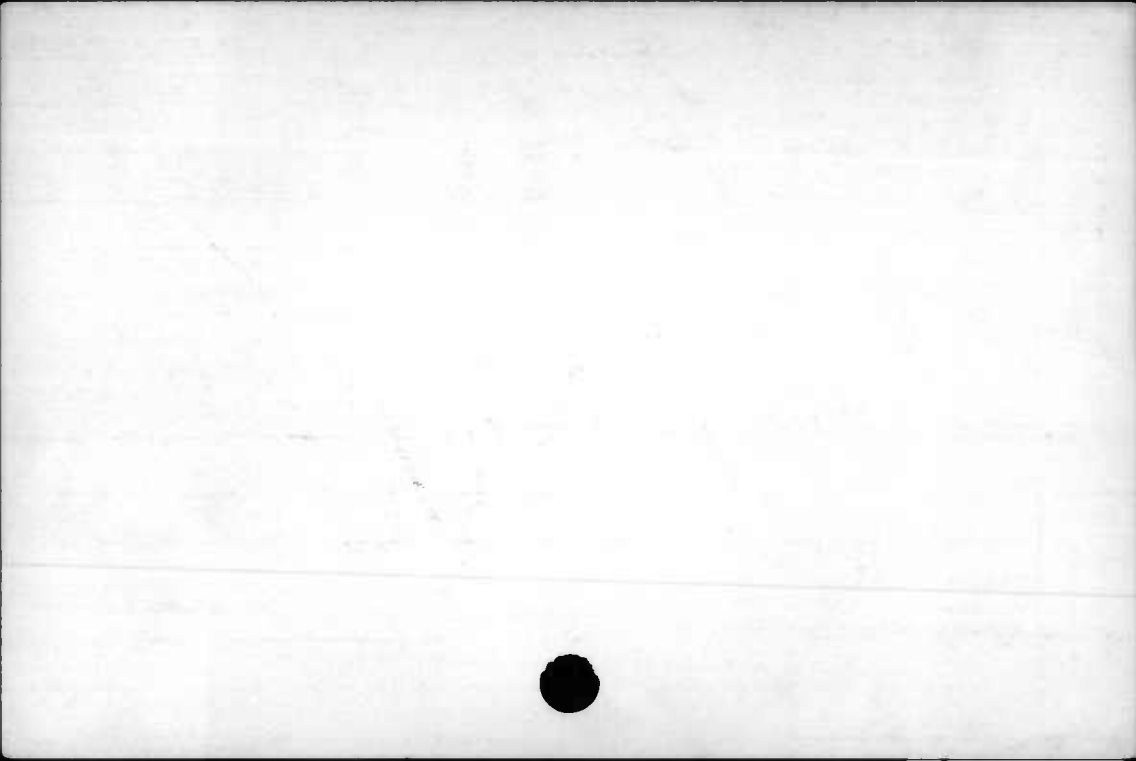
Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Marlin Jackson

Address Hancock Md

Accident or Suicide? accident



Name  
in  
Full

Ella Madden

## CERTIFICATE OF DEATH

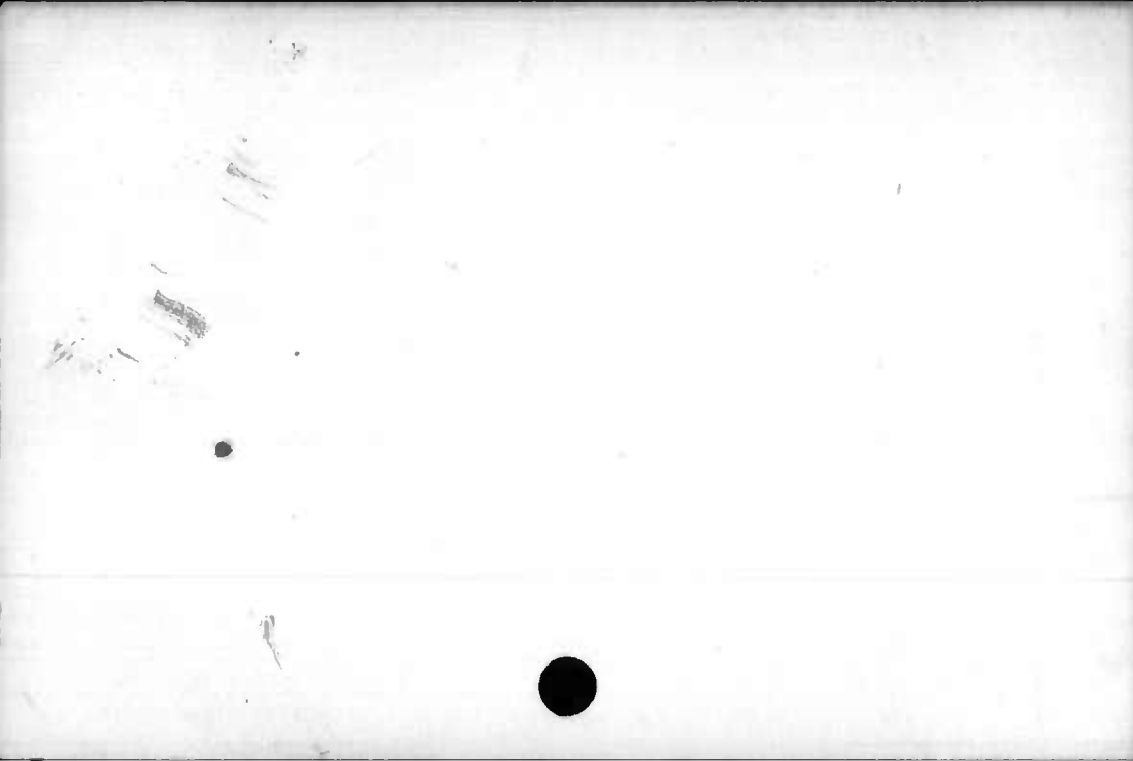
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death <i>190</i>	Month <i>sep</i>	Day <i>14</i>	Age <i>48</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bedford Pa</i>		
Occupation <i>Hotel Keeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>-</i>	Father's Birthplace				
Mother's Maiden Name <i>-</i>	Mother's Birthplace				
Name of person giving Information	<i>(Signature)</i>		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart Disease</i>	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Jas. T. Johnson</i>
	Address <i>Bedford Pa</i>
Accident or Suicide? <i>-</i>	<i>911d.</i>





Name  
in  
Full

CERTIFICATE OF DEATH

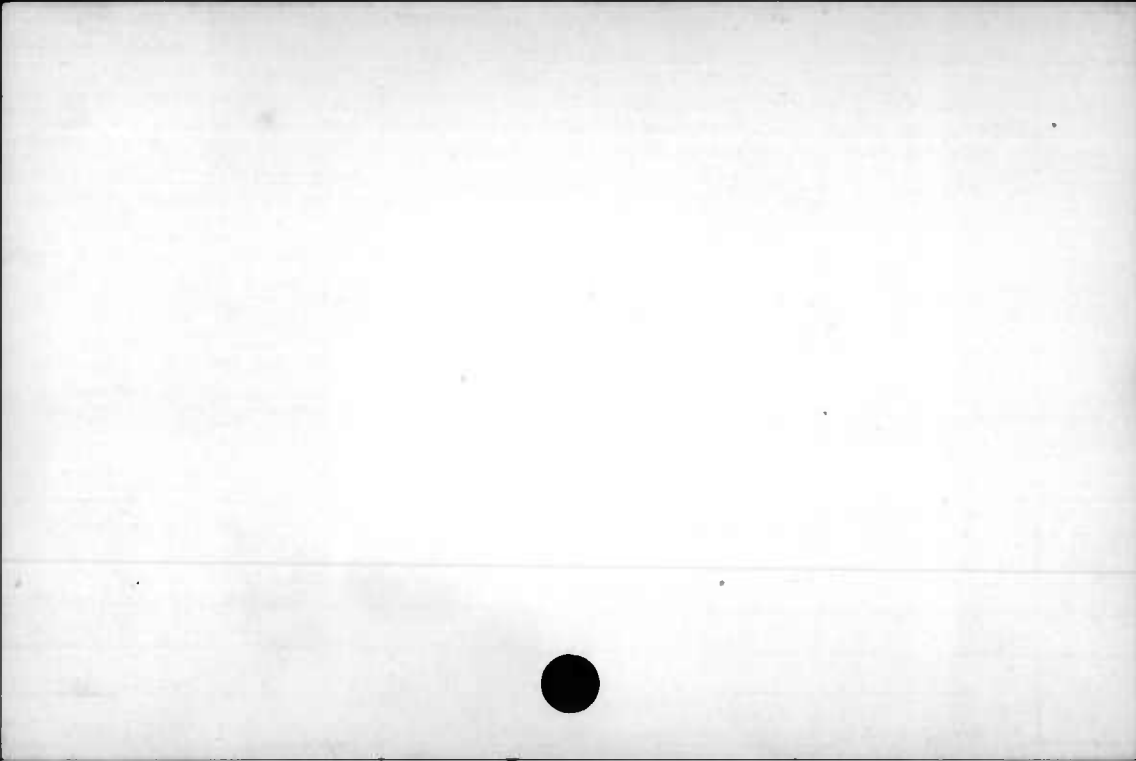
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	5	Sept	18	30			
Sex	Female		Color or Race	White		Birth-place	Lenaconing
Married, Single or Widowed	Single			Occupation	None		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Joseph Myers				Pa			
Mother's Maiden Name				Mother's Birthplace			
Jessie M. D. Lee				Frostburg			
Name of person giving information				How related to deceased			
Oscar Myers				Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	10 months
Immediate	Infection	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. D. Skilling M.D.
Yes		Address	Lenaconing
Accident or Suicide?			
No			



Name  
in  
Full

Martin O'Brien

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Midland		County Allegany		MARYLAND	
Date of death 190	5	Month Sept.	Day 23	Age	Years birth	Months	Days
Sex Male		Color or Race White		Birth- Place Ocean, Md.			
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband							
Father's Name Michael O'Brien				Father's Birthplace Barton, Md.			
Mother's Maiden Name Mary Ann Comer				Mother's Birthplace England			
Name of person giving Information Michael O'Brien				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Prolapse of Cord	How long	—
Immediate	Asphyxia neonatorum	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. P. O'Neil
yes		Address	Midland, Md.
Accident or Suicide?		—	

to Mr

Mialuna Cerny -

Name  
in  
Full

## CERTIFICATE OF DEATH

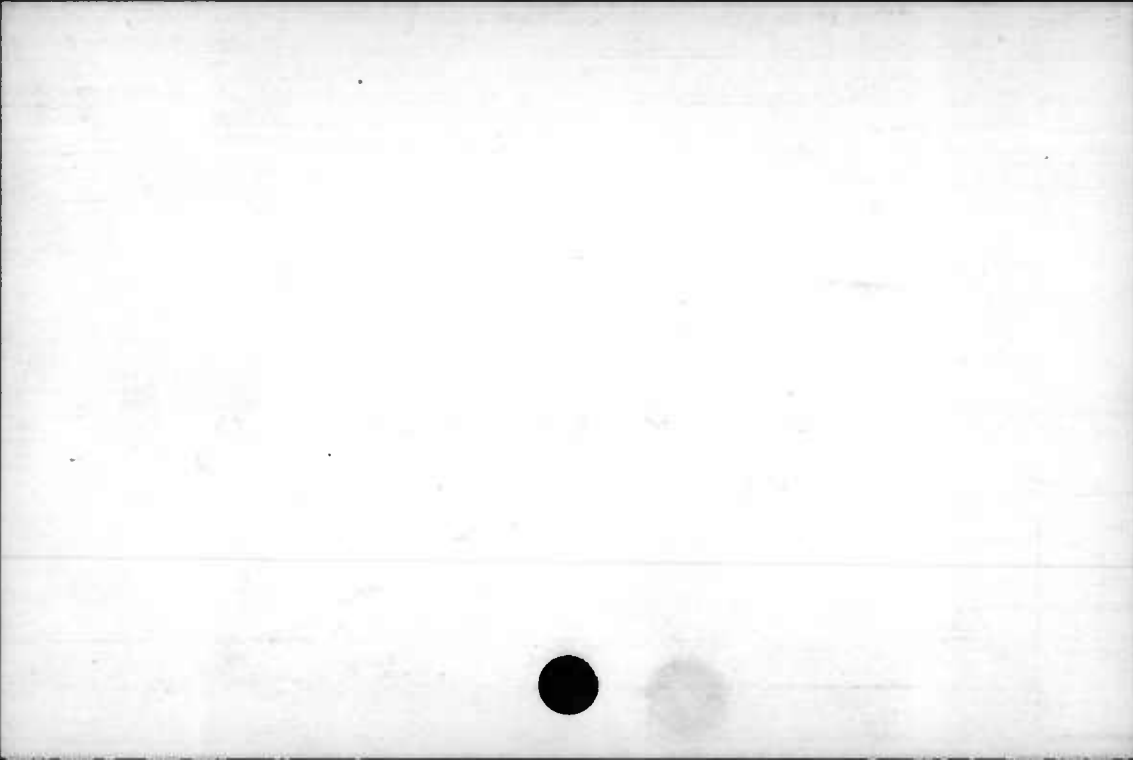
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Alleghany</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>25</i>	Age <i>26</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>				
Occupation <i>clerk.</i>			Where Residing if not at place of death <i>---</i>				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>---</i>				
Father's Name <i>---</i>				Father's Birthplace			
Mother's Maiden Name <i>Alice Perden</i>				Mother's Birthplace <i>Bedford Co Pa</i>			
Name of person giving information <i>Paul Perden</i>				How related to deceased <i>Brother-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>3 mo.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Thos. Boone</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name  
in  
Full

Peter O'Rourke

## CERTIFICATE OF DEATH

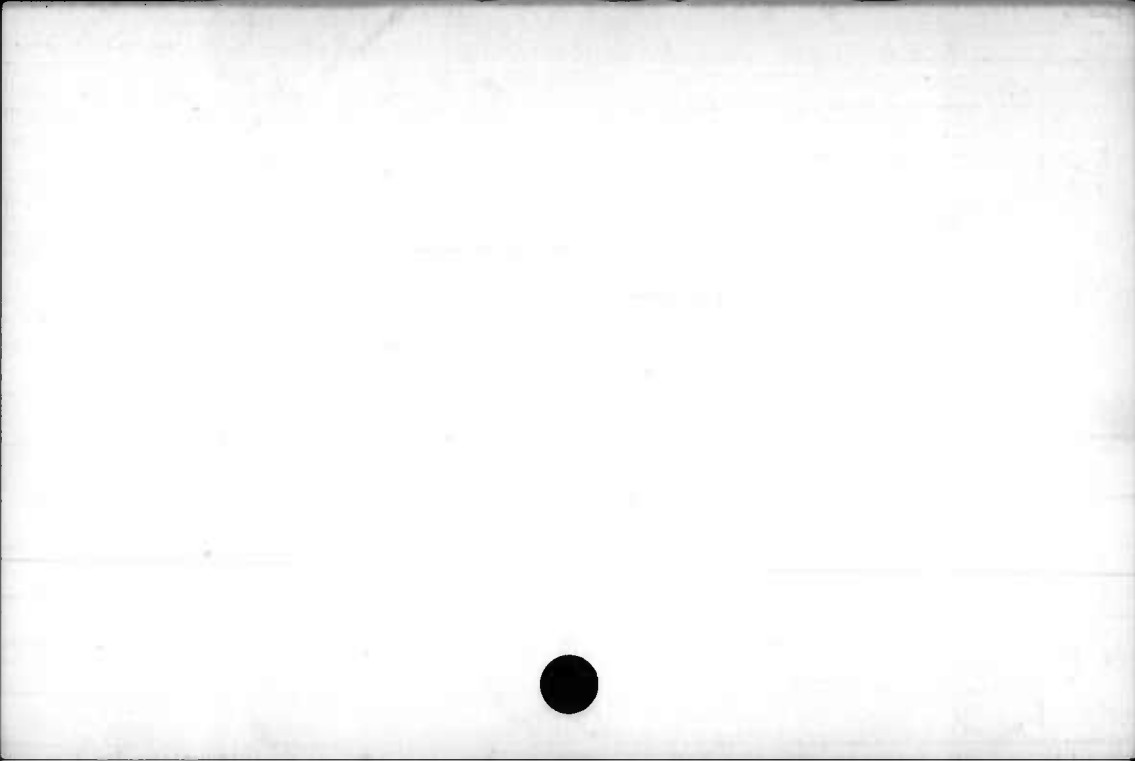
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lonaconing</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	1905	Month	Sept	Day	18
Age	68	Years		Months	unknown
Sex	male	Color or Race	white	Birth-place	Ireland
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Mrs. Ellen O'Rourke		
Father's Name	James O'Rourke		Father's Birthplace	Ireland	
Mother's Maiden Name	Ellen O'Rourke		Mother's Birthplace	Ireland	
Name of person giving Information	Mrs. Peter O'Rourke		How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>2 yrs ago 4 mos ago</u>
Immediate	"	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Henry M. Hodgson</u>
Accident or Suicide?	<u>No</u>	Address	<u>Lonaconing, Ind.</u>





Name  
in  
Full

Blaine Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Sept.	18	2			
Sex		Color or Race		Birth-place			
Male		Colored		Cmld.			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Louis Parker							
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					
Samuel Sambley		Brother in Law					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lungs	How long
Immediate	Hemorrhage of Lungs	How long
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Dr. S. S. Sparks		
Address		
C. S. Sparks		
Accident or Suicide?		



Name  
in  
Full

## PEARSON, M. M. / CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1905</u> Month <u>Sept</u> Day <u>27</u>		Age <u>      </u> Years		Months <u>      </u>	Days <u>      </u>
Sex <u>male</u>		Color or Race <u>col</u>		Birth-place <u>Cumtland</u>	
Occupation <u>      </u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>William H. Pearson</u>		Father's Birthplace <u>Annapolis, Md</u>			
Mother's Maiden Name <u>Alice E. Pearson</u>		Mother's Birthplace <u>Moonsfield, W. Va.</u>			
Name of person giving information <u>William H. Pearson</u>		How related to deceased <u>father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still born</u>	How long <u>      </u>
Immediate <u>      </u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thurgood Spinks, M.D.</u> Address <u>25 N. Liberty St.</u>
Accident or Suicide? <u>      </u>	



Name  
in  
Full

Delia Pendergast

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Sept.</i>	Day <i>22</i>	Age <i>47</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Preston Co W. Va.</i>		
Occupation <i>Widow</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Samuel</i>			Father's Birthplace		
Mother's Maiden Name <i>Reed</i>			Mother's Birthplace		
Name of person giving information <i>J. E. Pendergast Son</i>			How related to deceased <i>Brother in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>10</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. Koon</i>
	Address <i>St. Paul</i>
Accident or Suicide? <i>St. Paul</i>	

John H.

Name  
in  
Full

Richard B Pinchus

CERTIFICATE OF DEATH

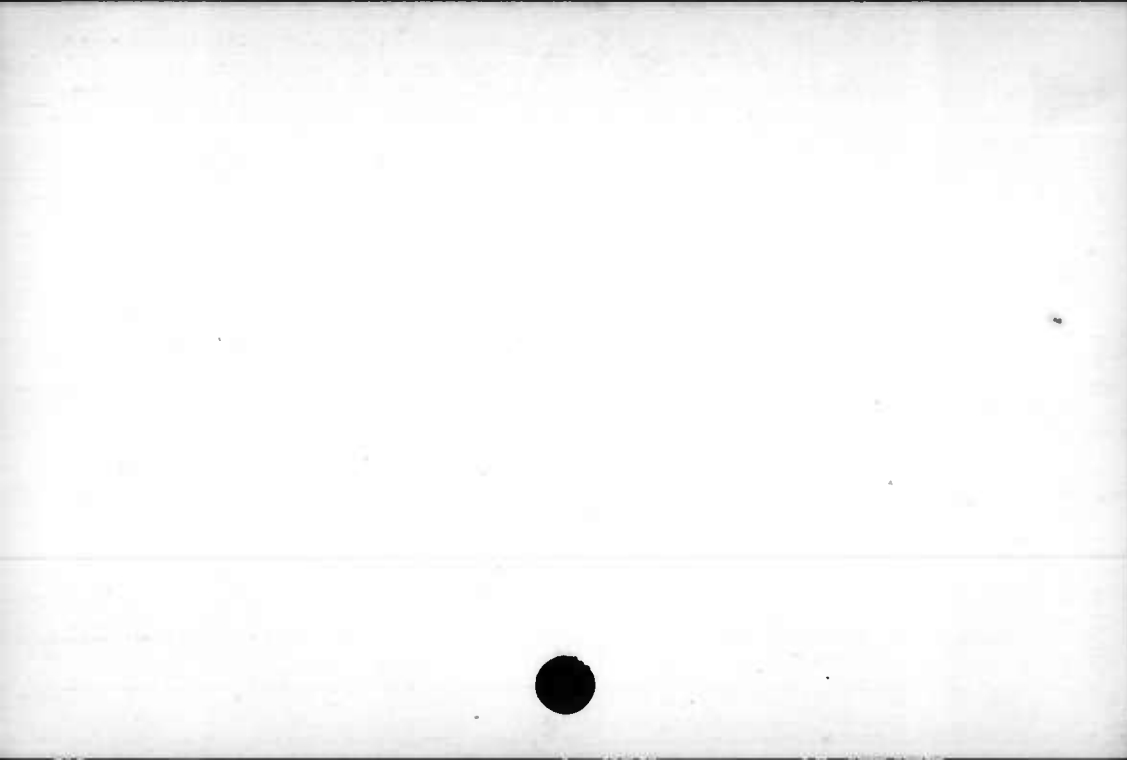
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Int Surge</i> <small>Town</small>		<i>Alligany</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>Sept</i> <small>Day</small> <i>7th</i> <small>Years</small> <i>48</i>	Age <i>48</i>		Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation <i>Shoemaker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice Walden</i>				
Father's Name <i>Richard Pinchus</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fall on head</i>	How long <i>12 days</i>
Immediate <i>Traumatic Meningitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Alan G. Murray MD</i>
	Address <i>Int Surge Md</i>
Accident or Suicide? <i>Accident</i>	





Name  
in  
Full

Amy Poland

## CERTIFICATE OF DEATH

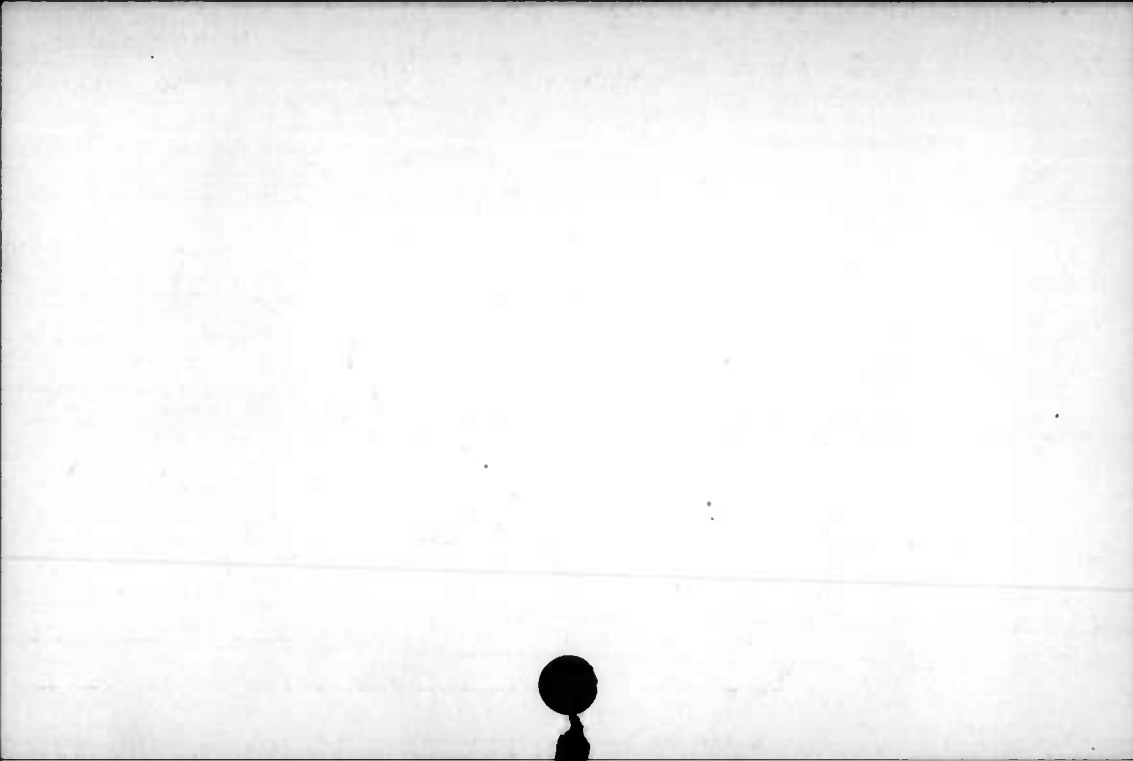
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Barton</i>		Town <i>Barton</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 1905	Month <i>Sept</i>	Day <i>21</i>	Age <i>79</i>	Years <i>79</i>	Months <i>3</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Allegheny Co Md</i>				
Married, Single or Widowed <i>Widow</i>			Occupation <i>✓</i>				
Name of Wife or Husband <i>Wm Poland</i>							
Father's Name <i>Ruben Moore</i>				Father's Birthplace <i>Allegheny Co Md</i>			
Mother's Maiden Name <i>✓</i>				Mother's Birthplace <i>✓</i>			
Name of person giving information <i>Emanuel Poland</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute dysentery</i>	How long <i>5 days</i>
Immediate <i>Uremic Coma</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr Bouchner</i>
<i>filed 1905</i>	Address <i>Barton Md</i>
Accident or Suicide?	



Name  
in  
Full

Anna Francis Ryland

## CERTIFICATE OF DEATH

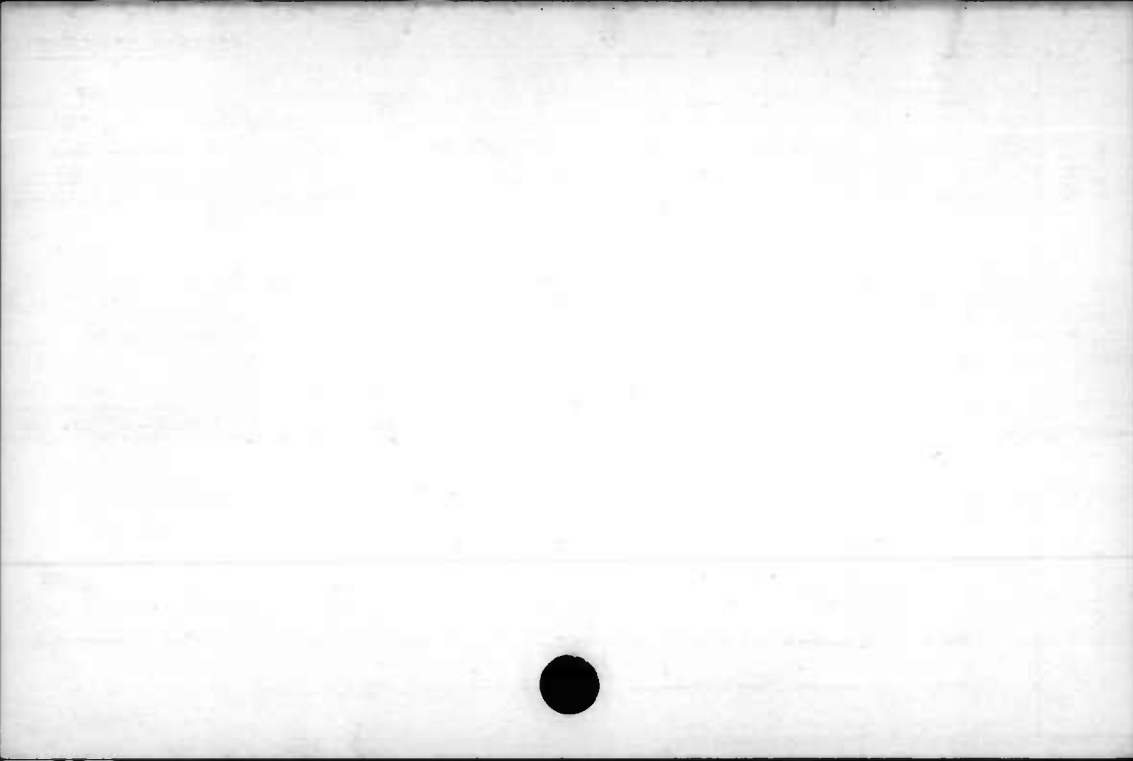
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtola</i>		Town		County		MARYLAND	
Date of death	1905	Month	Sept	Day	25	Age	22
Sex <i>Female</i>		Color or Race		<i>White</i>		Birth-place <i>Cumtola</i>	
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name		<i>Lloyd Ryland</i>				Father's Birthplace <i>Cumtola</i>	
Mother's Maiden Name		<i>Margaret Brownigan</i>				Mother's Birthplace	
Name of person giving information		<i>Lloyd Ryland</i>				How related to deceased <i>Father.</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Dr. B. W. Donald</i>
		Address <i>Cumtola</i>
Accident or Suicide?		<i>MD</i>



Name  
in  
Full

Fredericka A. D. Schell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Westonport</i>		County <i>Allegany</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		9	2	65	6	4	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband <i>William Schell</i>				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Shuey</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

Primary <i>Senile Debility</i>	How long <i>2 or 3 years</i>
Immediate <i>Exhaustion</i>	How long <i>3 or 4 days</i>

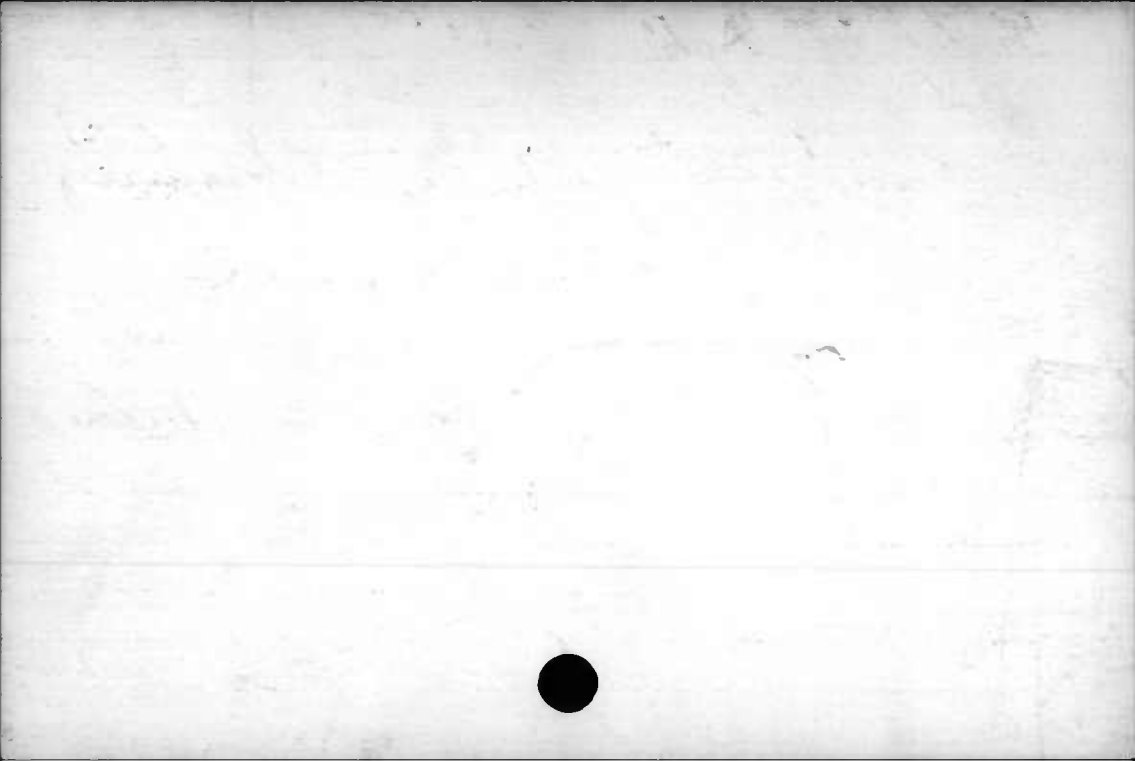
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*W. A. Shuey*  
*Piedmont W. Va.*

Accident or Suicide? *no*



Name

in  
Full

## CERTIFICATE OF DEATH

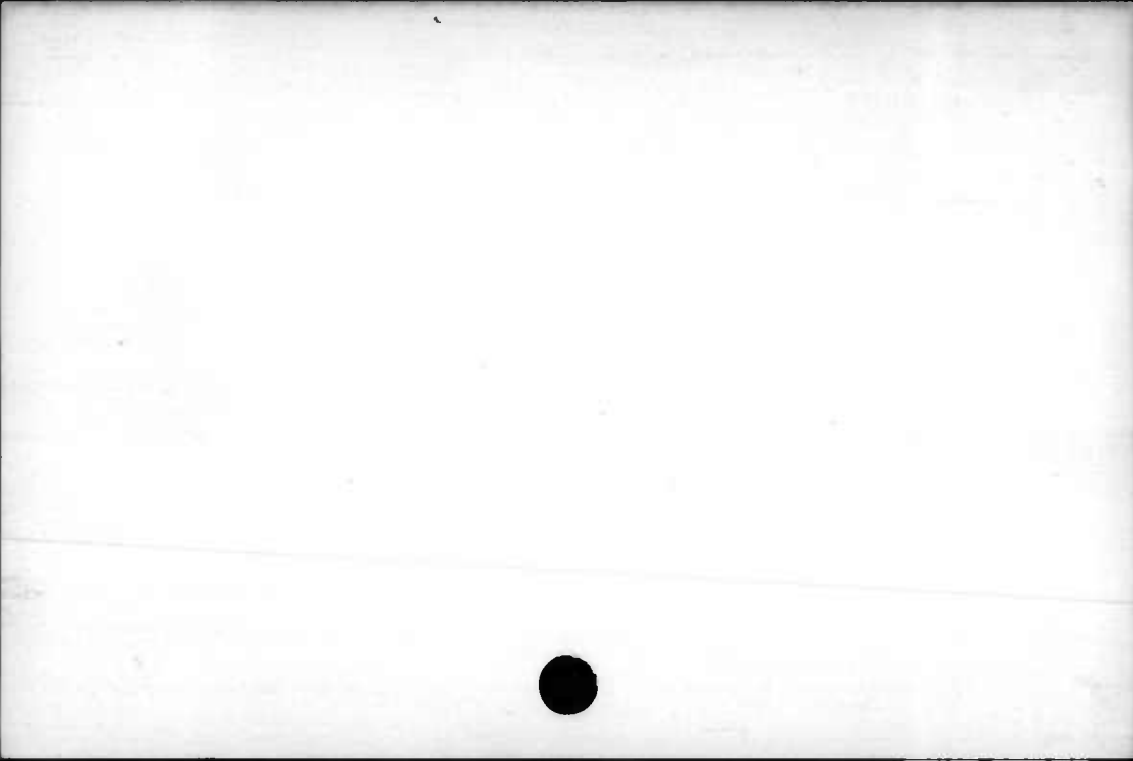
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Seifert</i>		Town <i>Burr</i>		County <i>Alle</i>		STATE <b>MARYLAND</b>	
Died at <i>Burr</i>		Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>1</i>		Years <i>1</i>	
Occupation		Birth-place <i>Ind</i>		Months		Days	
Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Albert Seifert</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Anna Gierstle</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Albert Seifert</i>		How related to deceased <i>brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>7 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. W. Fickelmann</i>	
<i>Yes</i>		Address <i>Germany</i>	
Accident or Suicide?			





Name  
in  
Full

*Smith*

CERTIFICATE OF DEATH

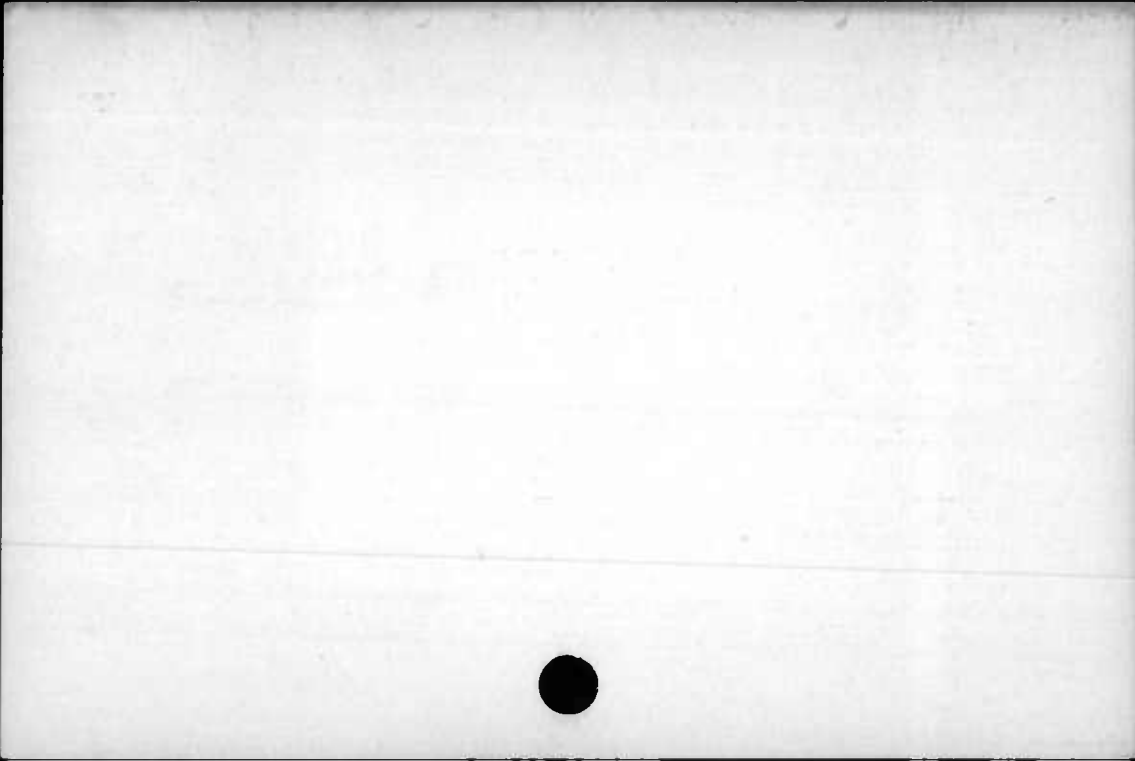
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtard</i> Town		<i>Ally</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>2</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Ma</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jos. W. Smith - J.</i>		Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>Barrah Thompson</i>		Mother's Birthplace <i>W Va</i>			
Name of person giving information <i>Jos. W. Smith</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Steele Low</i>	How long <i>S. 1/2</i>
Immediate <i>Steele Low</i>	How long <i>1/2</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. Surry -</i>
	Address <i>Cumtard, Ma</i>
Accident or Suicide?	



Name  
in  
Full

Christy Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Claryville</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>27</i>	Age <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumt Md</i>		
Occupation <i>Miner</i>		Where Residing if not at place of death <i>Orregetown</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Alice Morgan</i>			
Father's Name <i>Michael Snyder</i>		Father's Birthplace <i>Gennan</i>			
Mother's Maiden Name <i>Baer</i>		Mother's Birthplace <i>Ger</i>			
Name of person giving information <i>Henry Snyder</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accident</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Humbert</i>
	Address <i>ach Cirrus</i>
Accident or Suicide?	

Is m

Cresapton wave yard

Name  
in  
Full

CERTIFICATE OF DEATH

Mary Virginia Stueckey

Town

County

Died at

Cumbrland Maryland

MARYLAND

Date

of death

1900 Sept

Day

18

Age

Years

46

Months

Days

Sex

Female

Color or  
Race

White

Birth  
place

Ramaburg Pa,

Occupation

House Keeper

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Simon Stueckey

Father's  
Name

Wm F Smith

Father's  
Birthplace

Pa

Mother's

Maiden Name

Dead

Mother's

Birthplace

Name of person giving  
Information

Simon Stueckey

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid Fever

How long

weeks

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

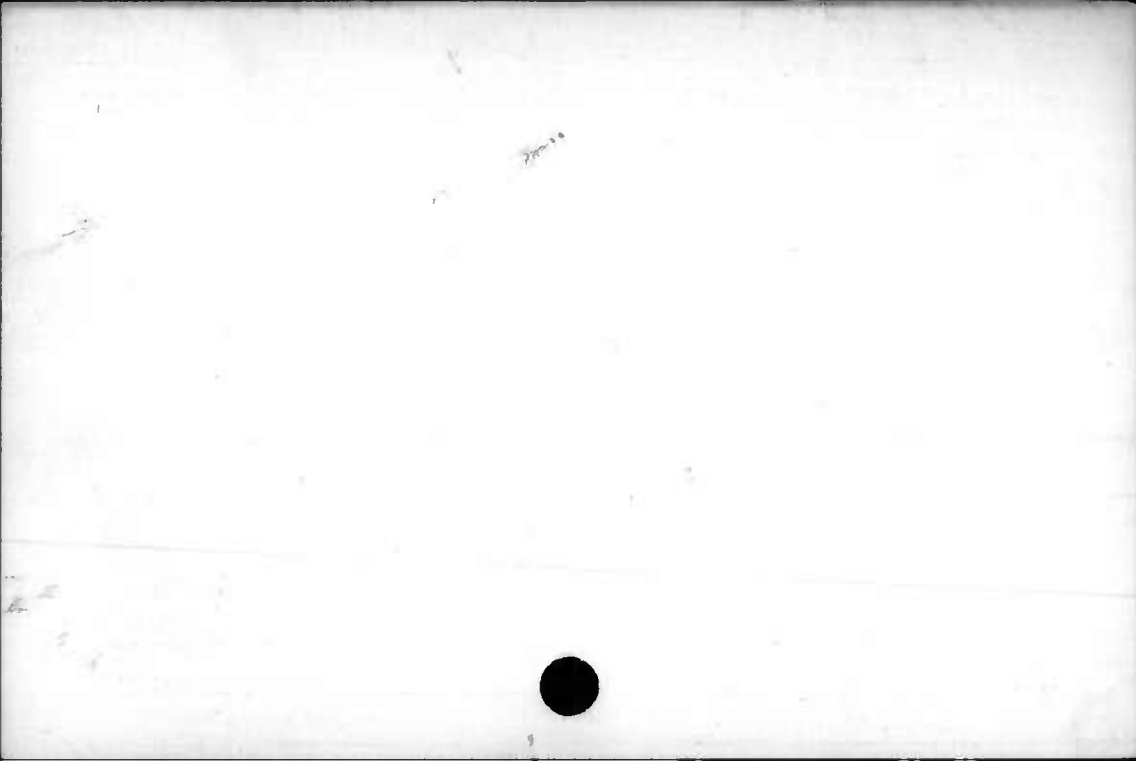
Address

W. F. Wigg,  
Cumbrland  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frostburg</u> <u>Allegheny</u> County		MARYLAND								
Date of death	1905	Month	9	Day	10	Age	21	Years	Months	Days
Sex	Male		Color or Race	White		Birthplace	Orleans, Md			
Occupation	Nothing		Where Residing if not at place of death							
Married, Single or Widowed	Single		Name of Wife or Husband							
Father's Name	John G. Sweitzer		Father's Birthplace		Orleans, Md					
Mother's Maiden Name	Charlotte Casey		Mother's Birthplace		England					
Name of person giving information	Tom Sweitzer		How related to deceased		Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera	How long	9 years
Immediate	Epileptic seizure	How long	Half time
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. C. Clabner
		Address	Frostburg, Md
Accident or Suicide?	No		

Gr

alligan Cumb -



Name  
in  
Full

William H Wagner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Camden</u> Town		<u>Alle</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Sep</u>	Day <u>14</u>	Age <u>45</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place		
Occupation <u>Janitor</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cancer</u> <u>45</u>	How long	<u>2 yrs</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Geo A Franklin</u>	
		Address <u>City</u>	
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at *Harner* <sup>town</sup> *Mt Savage* <sup>County</sup> *allison*  
 Date of death *190* <sup>Month</sup> *Sept* <sup>Day</sup> *23* <sup>Years</sup> *Age* <sup>Months</sup> *15* <sup>Days</sup> *hours*  
 Sex *Male* Color or Race *White* Birth-place *Mt Savage*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Patrick Warner*

Father's Birthplace

*W Va*

Mother's Maiden Name

*Jennie Hansen*

Mother's Birthplace

*Ind*

Name of person giving information

*Patrick Warner*

How related to deceased

*Father*

CAUSES OF DEATH

Primary

*85*

How long

Immediate

*Purpura Hemorrhagica*

How long

*8 hours*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

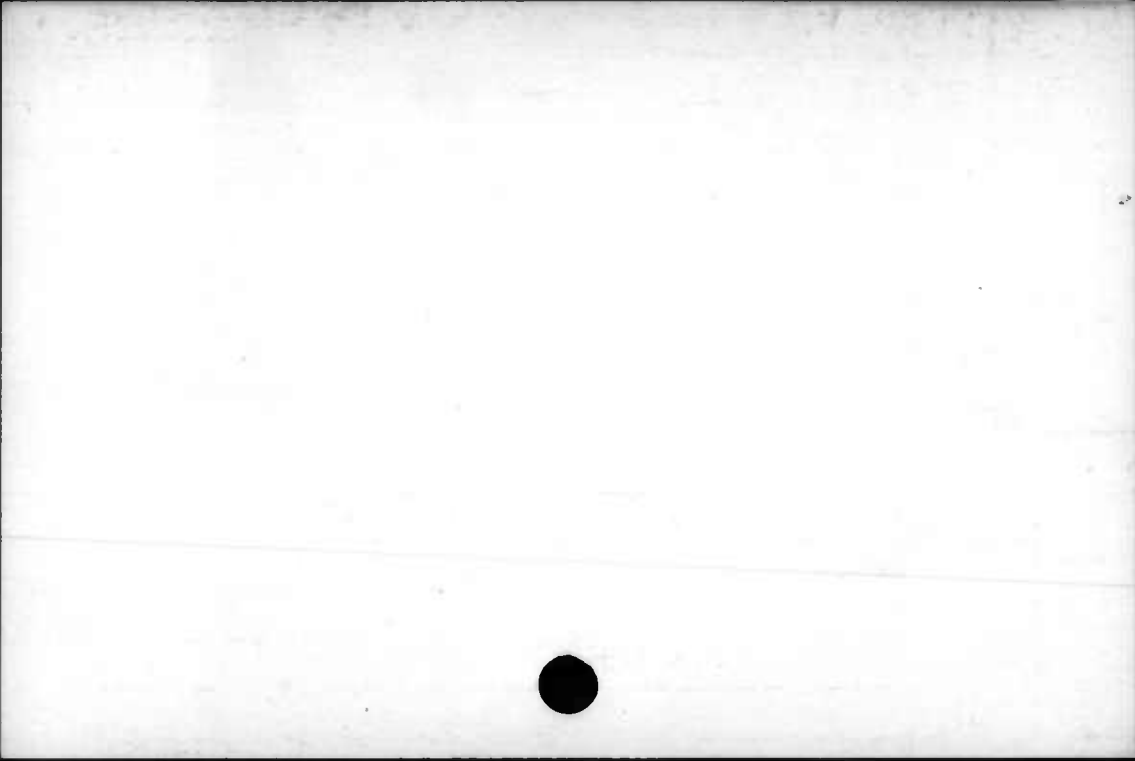
*F. Clay G. Hume*

Address

*Mt Savage*

*Ind*

Accident or Suicide?



Name  
in  
Full

Nimmie Webber.

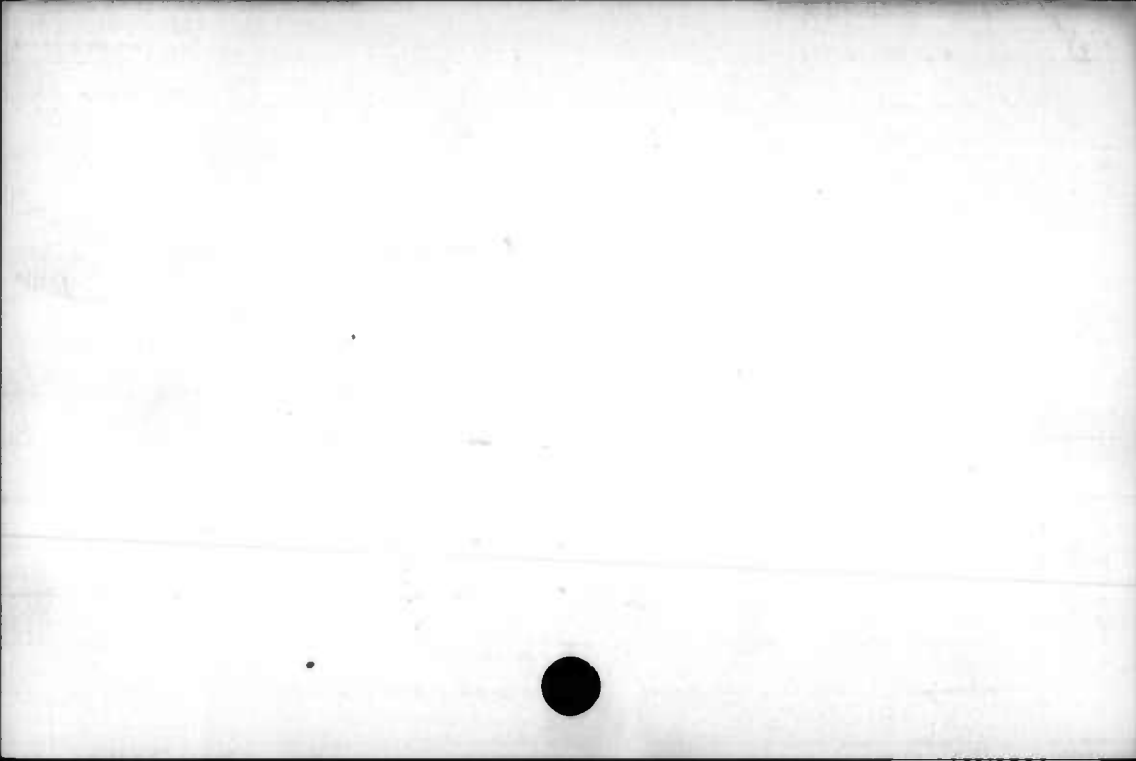
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtola</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>sep</i>	Day <i>18</i>	Age <i>18</i>	Years <i>18</i>	Months <i></i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>	
Occupation <i>Wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> or Husband <i>Frank Webber</i>			
Father's Name <i>Charles Uhrick</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Uhrick</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>Charles Uhrick</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Heart failure</i>	How long <i>1 day</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J B Kemmick</i>
		Address <i>Cumtola</i>
Accident or Suicide?		



Name  
in  
Full

Emma Wenck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frostburg		County Alleghany		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		9	1	7 1/2	1	11	8 3
Sex		Color or Race		Birth-place			
X		W		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William Wenck				Md			
Mother's Maiden Name				Mother's Birthplace			
Mary M. Senter				Md			
Name of person giving information				How related to deceased			
William Wenck,				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Membranous Croup	(9)
	How long 48 hours
Immediate	
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
D. W. Lane Frostburg Md.	
Accident or Suicide?	

S M.

Percy Snowdon



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Age

Years

Months

Days

of death 1905 Sept

2

1

1

4

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

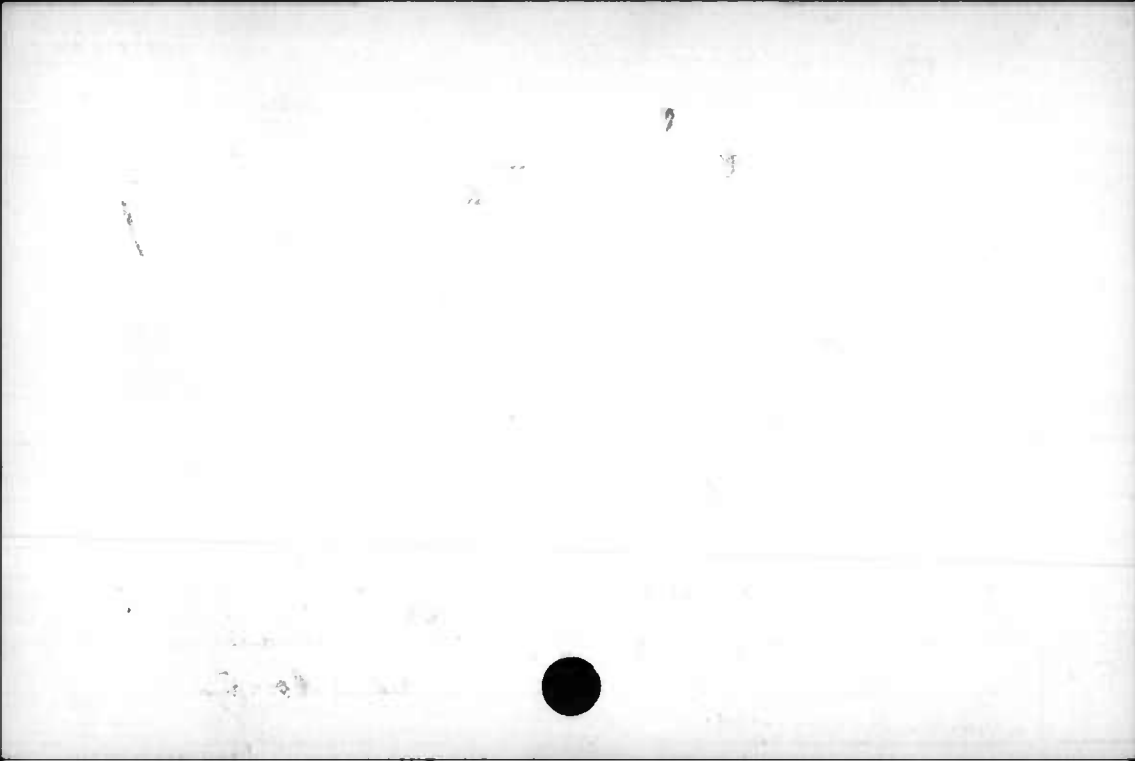
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Ann Golef.

## CERTIFICATE OF DEATH

Town

County

Died at

Cumbria

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

Sept

30 -

Age

72

Sex

Female

Color or  
Race

White

Birth-  
place

Cumbria

Occupation

-

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

-

Father's  
Name

-

Father's  
BirthplaceMother's  
Maiden Name

-

Mother's  
BirthplaceName of person giving  
Information

George Golef

How related  
to deceased

Step son

## CAUSES OF DEATH

Primary

Cancer

How long

6 mo

Immediate

Exhaustion

How long

1 wk

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. J. J. Durig  
Cumbria, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

